MAR	TH UN	ly suppl	lain terr	
	BWRITE PLAINLY, WITH UN	mation should be carefully suppl	CAUSE OF DEATH in plain terr	
•	E PLAN	should b	OF DE	
To. 1	-WRIT	mation	CAUSE	-
V. S. No. 1	N.B	1		)

STATE OF MARYLAND—	CERTIFICATE OF DEATH	4
County Instruct	Registration Dist. No. /29	
Village or City State Sandonni	No. St.,	_War
Length of residence in city or lown where death occurredyrsyrs	death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)	d:
2. FULL NAME Cayay V	all	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED, OR DIVERCED (price the sword)	21. DATE OF DEATH 30 , 198 7 (Mg/h) (Day) (Yee	er)
5a. If married, widowed, opinorced HUSBAND of Carherine Sace	22. I HEREBY CERTIFY. That I attended deceased	
6. DATE OF BIRTH (month, day, and year) /908-10-15	I last saw in the elive on 19 death i	is sal
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stand above et	
8 Trade profession or particular	abour of lang	ionsei
kind of work done, as SPINNER, Machault SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at 10. Oate deceased last worked at 11. Total time (years)		5
10. Oate deceased last worked at this occupation (month and 1931. In Total time (years) spant in this occupation.	Other Coutributory Causes of importance:	
(State or county)	Gampson of ling	
13. NAME JOHN 6 Jane 14. BIRTHPLACE (city or town) - Workeyon DC	1 2 0	
14. BIRTHPLACE (city or town)	Name of operation Oate of	12.
15. MAIDEN NAME Cacherine Kuler	What test confirmed diegnosis? What test confirmed diegnosis? Was there an auropsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
7. INFORMANT LOGAL / Gue on armsin	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, GOREMOVAL Place Law Place Oate	Manner of injury	
19. UNOERTAKER May Cracus Fon	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO //30/32/19 Registrar.	(Address) ATate San atorling	_M. E

s are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURRAT V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Ourate minite: 157-c
County Treatment	Registration Dist. No. 131
Village of City Freduck	No. St., War f death occurred in a horsital or institution give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?mosd
2. FULL NAME Baby Beall	
(a) Residence: No. 7 walking Trul	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH  WALL A / Y 193 2
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased fro
0 ///20	au. ( P 1932 to fall 1 9 , 193
5. DATE OF BIRTH (month, day, end year) faring 4/32	I last saw h alive on feet 1 190 ; death Is sa
AGE Years Months Days If LESS than 1 day, 8 hrs.	to have occurred on the date safed above, at
ormin.	were as tollows:
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Problemen Vivila 1-14
9. Industry or business in which	- May see that
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this security in this security in this security.	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Treducing	P-1-1-P
(State or country)	aleut firamen voals
13. NAME rong E. Geall 14. BIRTHPLACE (city or town) Frederick nep	
(State or country)	Name of operation
	What test confirmed diagnosis?
Banke 7	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19  Where did injury occur?
From Dalle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Farluck mass	•
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place My Just Clark Date ON - 13392	Nature of injury
19, UNDERTAKED & Cline of Jone	24. Was disease or injury on any way related to occupation of deceased?
(Address) Fredorick, Med.	If so, specify
20, FILED 15 - JAN, 1932. D. Dr. Jus Cund	(Signed) Star Mulayuff M.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of cnset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Corebral hemorrhage	FEB 4 1932	July 5,1927	Peritanitis	3 days ago
	BUREAU VS			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

state infor-1. PLACE OF DEATH of pluods County\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. 2. FULL NAME ECORD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (rwrite the ward) (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of EREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years FOR Months Davs If LESS than to have occurred on the date stated above, at 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: 8. Trede, profession, or particular LION RESERVED kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ of back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.\_\_\_\_ may should OCCUPA 0n 10: Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation\_ instructions Other Contributory Causes of importan IARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain Name of operation. S (State or country) carefully What test confirmed diegnosis? important. 15. MATDEN NAME MOTHE in 23. If death was due to externat causes (VIOLENCE) fill In also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (State or country Where did injury occur?10 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should OF (Address) 18. BURIAL CREMA CAUSE mation Nature of Injury LION 4. Was disease or Injury In any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify & (Signed) Registrar. Thur

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State (Day) death is sald Date of onset Jan, 5 (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	iuses of imp	Example II	Examples:
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921 .	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1327	Reritonitis	3 days ago
Other contributory causes of importance:  Gallstones	Wal 1,1923	Other contributory causes of importance:	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

0	7 th 7	STATE OF MAI	RYLAND—	CERTIFICATE OF DEATH	7
(1)	state UPA	1. PLACE OF DEATH		(8)	
		County Fred.		Registration Dist. No. /-3/	
100	should f OCC	Village or City Johnsvelle	1. 1		Ward
(M)	sho of C	Village of City	(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)	
	nt NS	Longth of residence in city or town where death occurred	yrs3mos	sds. How long in U. S. if of foreign birth?yrsmos	ds.
	Every CIANS ement	2. FULL NAME Mary Eliza	th B	lock	
	ND. Every YSICIANS statement	(a) Residence: No.		St., Ward.	
		(Ueval pla	re of abode)	If nonresident give city or town and State	STATE OF THE PARTY
8	ECC PF xact	PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
	Ex.		RRIED, WIDOWED.	21. DATE OF DEATH	
rH	L'I'	7 W	1	(Day) (Yaa	r)
Z	C T J	5a. If married, widowed, or divorced HUSBAND of	1911111	22. I HEREBY CERTIFY, That I attended deceased	from
BINDIN	A A SS	(or) WIFE of			32
Z	PERM EX Iy cla			I last yaw h ay alive on Jan (29, 1932; death is	
2	IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	If LESS than	to have occurred on the date state above, at 7 . 12-m.	2
K.	IS A PE stated E properly certificate	3 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
FOR	IS sta pro pro	8. Trade, profession, or particular	ormin.	were as follows:	onset
D (	HIS be be of o	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		(-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	9-3
RESERVED	THE SA	9 Industry or business in which		10 - 0 0	7. 2
R	Should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.		of kew levery	
ES E			time (years) pent in this		
SE SE		year)o	coupation	Other Coutributory Causes of importance:	
	NFADING plied. AGE erms, so tha instructions	12. BIRTHPLACE (city or town) 7 red. Co			
ARGIN	AD sd.	(State or country)			
R	UNFA supplied n terms,	13. NAME Beug. 7. Blac	1C		
IA	II UI sup iin te	13. NAME /3 eug. 7. /3 eug.	<u></u>	Name of operation Date of	
	O3 = =	(State or country)		What test confirmed diagnosis? Was there an autopsy?_	
	carefully TH in pla	15. MAIDEN NAME (lice )	Her	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
	INLY, WI be careful EATH in pimportant.	15. MAIDEN NAME alice 16. BIRTHPLACE (city or town)	ceco	Accident, suicide, or homicide? Date of injury, 19_	
		(State or country)		Where did injury occur?	
	AINLY Id be con DEATI	17. INFORMANT Bery. 7. Block	'c . 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
		(Address) Llucou Bri	The FYN		
	Shou E OF is ver	18. BURIAL, CREMATION, OR REMOVA	7/ 0	Manner of injury	
1)	SE	Place Seaver Date Ja	43/, 193. T	Nature of Injury	
1	-WRITE mation s CAUSE TION is	19 UNDERTAKER POWELL & alla	eals.	24. Was disease or injury in any way related to occupation of deceased?	
0. 1	HOH	(Address) Sile he low	Just .	If so, specify	
S. No. 1	M	20 EUED Jan 30 152 10 10	uhan	(Signed) 7. Httegg	. M. D.
1	ż	20. FILED 1000, 190 Hb	Registrar.	(Address) lluay / 227	
1		If more blanks are neede	d, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	de de la companya de	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
		E241, F310	

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS B'	Y PHYSICIAN
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Villa	age or City	mt a	iry (No.	*******
	²FU.	LL NAME	mro a	Beulah
	PERSO	NAL AND STAT	ISTICAL PARTICU	JLARS
Je Je	male	4 COLOR OR R	MARRIED	miney
6 D/	ATE OF BIR	TH O	1	
5-5		Sept	onth) (Day)	1897
7 AC	SE	341		If LESS tha
	CCUPATION		7 mos. d	s. ormin.
10	l rade pr		41	
Pa	Trade, pr	d of work	Housenf	l
Pa bu	tticular kin ) General n siness, or e	d of work ature of industry stablishment in red or (employer)	- 0	m m
Pa (b) wl	tticular kin ) General n siness, or e	d of work ature of industry stablishment in ed or (employer)	- 0	l me
Pa (b) wl	ticular kin ) General n siness, or e tich employ	d of work ature of industry stablishment in sed or (employer)	non hi	me
y BI	ticular kin ) General n siness, or e nich employ RTHPLACE (State or co  10 NAME C FATHER  11 BIRTHPL OF FATH	ature of industry stablishment in red or (employer)  untry)  or  ACE	non hi	l me
pa bu wi	ticular kin ) General n siness, or e nich employ RTHPLACE (State or co  10 NAME C FATHER  11 BIRTHPL OF FATH	ature of industry stablishment in yed or (employer) untry)  of  ACE  IER  r country)	non his med C Hame	l me f lnut
ARENTS IN 6	ticular kin ) General n siness, or e nich employ  RTHPLACE (State or co  10 NAME C  FATHER  11 BIRTHPL OF FATH (State o  12 MAIDEN OF MOTI	ature of industry stablishment in red or (employer)  untry)  F  ACE  IER  r country)  NAME  HER  LACE	non ho med C Hame med	l me f lnut
PARENTS IN 6	ticular kin ) General n siness, or e nich employ RTHPLACE (State or co  10 NAME C FATHER  11 BIRTHPL OF FATH (State o  12 MAIDEN OF MOTI 13 BIRTHP OF MOTI (State o	ature of industry stablishment in red or (employer)  untry)  F  ACE IER r country)  NAME HER  LACE HER r country)	non ha med C Hame med ie m ale med	

66488

UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Reducsting V.

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 38

St.:	Ward)		occurred is
_		a hospital	
D	1-1	stead of	

ADDRESS

MEDICAL CERTIFICATE OF DEATH 6 DATE OF DEATH Month) -(Day) I HEREBY CERTIFY. That I Attended the deceased nd that death occured on the date stoled above, he CAUSE OF DEATH \* was as follows: Contributory Secondary the Disease Causing Death, or, in doths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) place In the State... yrs... mos... death here was disease contracted, not at place of death? ual residence. DATE OF BURIAL PLACE OF BURIAL

4 N. No.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton will; (a) Salesman. (b) Grocery; (a) Forenam, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation - Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed Foreman, OF For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many -Coal mine, etc. Locomolive engineer, Wom-

spinal meningitis"; Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"; to time and causation), using always the same acceptрпентопи, Bronchopmeumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," ctc.), "Dropsy," Exhaustion," "Heart failure," "Hacmorrhage, stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinomu, Sarcoma,, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms; Measles; letanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic etc. affection valrular heart Nomenclature The contributory need not be disense;

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1/429)
1. PLACE OF DEATH	(23)
county trederick.	Registration Dist. No.
Village or City State Sanalorus	mo Md. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Alfred H. Bu	A A .
(a) Residence: No. 118 Latuette and	P St. Ward. Balto Md.
(d) Residence: No. (Usual place & abode)	CSt., Ward. Ward. O Mark. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED ("write tift word)	21. DATE OF DEATH
male white single	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22 HEREBY CERTIFY, That I attended decessed from
(or) WIFE OF	Upril 30,1930, to Jan 12, 1932
6. DATE OF BIRTH (month, day, and year) July 28, 1884	I last saw ham alive on
7. AGE Years Mont(s) Deys If LESS than I day,hrs.	to have occurred on the date stated above, at 1.15 A.m.
4/15/14 or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Teller in band SAWYER, BOOKKEEPER, etc.	R
A 3 Industry or business in which	1 minorary revercuoses
work was done, as SILK MILL, SAW MILL, BANK, etc	
	,
year) occupation	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) N M CHULL Vac  (State or country)	
E III NO + IN	
4. BIRTHPLACE (city or town) W	Name of operation Oete of What test confirmed diagnosis? Chest X Ruy Constitute an auropsy?
# 15. MAIDEN NAME Privile Rivers	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME SUMME KINGS  16. BIRTHPLACE (city or town) Landwill Term	
(State or country)	Where did injury occur?
17. INFORMANT W. a. Yardner	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) State Sandorum MO	4
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
100 P P 000	Nature of injury
19. UNOERTAKER V (Address)	24. Was disease or injury In eny way related to occupation of deceased?
Illinas Mine	(Signed) Leward & Shaffer M. D.
20. FILED A Programme Registrar.	(Address) State Sanatorium m
	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I	[1	Example II	
The principal cause of death of importance were as follows  Arteriosclerosis	and related causes: CEIVE	S Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	FEB 3 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	., 1007	July 5, 1927	Peritonitis	3 days ago
В	UREAU V.	8		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

OCCUPA

1. PLACE OF DEATH

County of rederic

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. N

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FED 3 1932	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No.

	PLACE OF DEATH County Frederick	50491 STATE OF MARYLAND
	County, C/M/MC/C	CERTIFICATE OF DEATH
11	2011111	Registration Dist. No. 13.5
	Village or City/ Middlehogat (No. 2FULL NAME O honles Colour	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 1 4 COLOR OR RACE 5 SINGLE. Manual	16 DATE OF DEATH
	male Marie Monord  Mole Marie Monord  OR DINGRED, MONOR OR DINGRED, OR DINGRED  OR DINGRED  OR DINGRED	Jau 1/ , 1922 2
	6 DATE OF BIRTH	Month) (Day) (Year)
	Francy 7- 1859	Jan 10 1985 to Jan 11 , 1982
	(Month) (Day) (Year)	that V last saw h alive on
	7 AGE [If LESS than	and that death occurred on the date stated above, at 1. 30 Am.
	77 11 lday_hrs.	The CAUSE OF DEATH * was as follows:
	mos. de. or min.?	Disease of veins; ruftire of external ilia vein to
1	(a) Trade, profession or	HOUTE dilatation Heart
1	Particular kind of work Awm (b) General nature of industry	CORONARY Through basis
	business, or establishment in	There was no accidention you mos de
1	which employed or (employer)	Contributory Heysanhage frace
	9 BIRTHPLACE (State or country) Manufand	Secondary 11. ( Waight 10 1 + C
	10 NAME OF	Oxurual Shallowing Tregger Kilongo Lucio
	FATHER Journ Colinia	(Signed) M. D.
	O 11 BIRTHPLACE OF FATHER	Address) This has keller ff
	(State or country) Many land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER	
	a smann arrang	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	ha I I I I	Former or
	(Informant) Ms. Thenles La Celnic	usual residence
	(Address) Ass Thing my	Walking Luthing Sub 14, 1932
	Filed Jan. 12 1932 Charles & Leatherman	20 DINDERTAKER ADDRESS Munilly md
1	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

1 telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the «(Recommendations on statement of cause of death American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menearbolic acid-probably suicide. The nature of the injury, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease;

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N. SS.

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PLACE OF DEATH  County Trederics	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /3 /
Village or City Wiberly Jown (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Markey WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH AW H, 1985
6 DATE OF BIRTH  While The Control of the Control o	17 I HEREBY CERTIFY, That flattended the Acceased from 1921 to 4 , 1932 that I lest saw h An alive on 4 , 1932
66 yrs. 8 mos. 25 ds. or min.?	and that death occurred on the date stated above, at 130 A.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duration) Oyrs O mos 2 de
which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Durstign) yrs mos ds,
10 NAME OF James Phodes	(Signed) (Trs 3, House M. D. Jaw, 4 1932 (Address) Librity Foron
OF FATHER  CState or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dusaw-Unknow	18 LENGTH OF RESIDENCE (For Hospiteis, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) MM Raymond O Smith	Where was disease contracted, if not at place of dea.h?
(Address) Halkers villo	Tarmouse funder faw 7 2 19 82
Filed an 6 192 M Senfulli Registrar	· albaugh a Powell awrity town
If more banks are needed, addre a State Registral	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, specifically the occupations of persons en-Stationary fireman, etc. But in many For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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3

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PLAINLY,

V. S. No. 1

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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	£2-a
County Trederick	Registration Dist. No. 140
Village or City hoodstoro	ND. St., Ward
Length of residence in city or town where death occurred to very mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  How long in U.S. if of foreign birth?
2. FULL NAME PICTORIA Blind	the Camer
(a) Residence: No. No de	St. Ward.
(Usual place of about)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CQLOR OR RACE 5. SINGLD MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Month)  (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
0 1 0 1 5	Jan, 1932, 10 10 1 28 , 1932
6. DATE OF BIRTH (month, day, end year) Sept. 20-1850	(last saw her elive on and 193 +; death is said
7. AGE Years Months Days It LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, et
8 Trade profession or particular	Date of onset
Sundustry or business in which	Oblivial Charlet
work was done, es SILK MILL, Ulm home	4
11. Total time (years) this occupation (month end fan. 1/33 spant in this occupation)	
()ha	Dither Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Lucis Dennett	23. If death was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME TO SUPPLE TO 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or county)	Where did injury occur?
17. INFDRMANT John O. Gramer (Address) holds of his	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Production Date Pay 1907	Nature of injury
19. UNDERTAKER CLAUSING & OLEMAN (Address)	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED 1/2 7 , 1932 Registrar.	(Signed) Lo a, Steelly M. D.  (Address) Woodsbard Addi
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis E 3 3 1929	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May.1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00434
1. PLACE OF DEATH /	<u> </u>
County Trederige	Registration Dist. No. 13
Village or City Near Sabillas relle	NoSt,Ward
Length of residence In city or lown where death occurred 30 yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. Mow long in U.S. if of foreign birth?
2. FULL NAME LOVA: M. GIAN	wolord
(a) Residence: No. Sah Basville md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (acritic the word)	(Month) (Oay) 19382
5a. If matried, widowed or divorced HUSBANO of Famile M Miller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 30 - 1860	I last saw harmalive on 193 2 death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, et
67 5 ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Oate ot onget
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Prostatio Caronina
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, Form - Rail Road SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and done).	
11. Total time (years) this occupation (month and the /929 spent in this gorupation year)	
md	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or county)	
I 13. NAME Learge D. Crawlord	
14. BIRTHPLACE (city of town)	Name of operation Date of
( Colate of County)	What test confirmed diegnosis? Was there en autopsy?
# 15. MAIDEN NAME Tama & Screly	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT NO SEE CLASSIFIC MA	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Market Date (1977), 193	Nature of injury
19. UNOERTAKER A SULLAGE COMMENTAL MARCHANTER MARCHANTE	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEO Jan. 7: , 1932 6 1 Sterre Registrar.	Blueres Lidel Summet
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Dequesting U. S. No. 1.

66494

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	- 1
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PECHNED	1915	Attack of epilepsy	1 week ago
Chronie interstitial h	ephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	FEB 3 1932	July 5,1927	Peritonitis	3 days ago
<u> </u>	RUPE TVS			-
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				L. L.

	STATE OF MARYLAND—(  1. PLACE OF DEATH ,	
	County Frederick, within it	Registration Dist. No. 13
	Village or City Secret	No. 50 Cest South St., W. death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or lown where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos
	2. FULL NAME Mary Reverge Gran	wford
	(a) Residence: No. 0 6 6 South (Usual place of abode)	St., Ward.  If nonresident give city or town and State
0000	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED fruite the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of Warried Crawford	22. I HEREBY CERTIFY, That I aftended deceased I
e. 6.	DATE OF BIRTH (month, day, and year) Fell. 27, 1855	I last saw he alive on Alice of 1932; death is:
rtifica	AGE 76 Years O Months 23 Deys If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
of ce	8. Trede, profession, or perticular kind of work done, as SPINNER, Roticed, SAWYER, BOOKKEEPER, etc.	Appril Jalyus Je
OCCUPATION	9. Industry or business In which work was done, as SILK MILL. Housewife SAW MILL, BANK, etc.	Alor Delum 193
1	10. Date deceased last worked at this occupation (month and year) coupation	V
12	BIRTHPLACE (city or town) Judesich Co. (State or countly)	Other Contributory Canses of importance:
12	13. NAME John O-Brieno	// pay
FATH	14. BIRTHPLACE (city or town)	Name of operation
-	(State or country)	What test confirmed diagnosis? Wes there an adopsy?
THER	15. MAIDEN NAME Sarah A Still	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
MOT	(State or country)	Accident, suicide, or homicide?, 19 Where did injury occur?, 19
17	INFORMAN Mus Margaret L Oder	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION OR FEMOVAL Place With Clevelo Brustyne Jan 23, 1032	Manner of injury
19	UNDERTAKER & Cling & Cory	24. Was disease or injury in any wey related to occupation of deceased
20	(Address) Frederick Mg.	(Signed) from All
)-1	Registrar.	(Address)

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	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEB 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Perilonitis	3 days ago
Other contributory c	auses of importance:	, , , , , , , , , , , , , , , , , , ,	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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OCCUPA

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 131 East! Firederick. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 20 vrs. mos. 6 ds. How long in U.S. If of foreign birth? yrs. mos. oreager. St., -(Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5, SINGLE, MARRIEO, WIDOWED, 21. DATE OF DEATH OR OIVORCEO (write the word) 193.2 Widanued (Month) (Dev) I HEREBY CERTIFY. That I attended deceesed from Nov. Jan. 2d 21st to have occurred on the dete stated above, at 3-40 Pm Months Days If LESS than I dey, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9 or \_\_\_\_ min. were as follows:

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew lareag 6. DATE OF BIRTH (month, day, and year) 7. AGE 84 Date of onset Chronic endocarditis 8. Trade, profession, or particular yrs. TION kind of work done, as SPINNER, Hacese P 9, Industry or business in which OCCUPA work wes done, as SILK MILLS 14. Totel time (years) spent in this 10. Oate deceased lest worked et this occupation (month and occupation 60 Other Contributory Causes of importance: Arteriosclerosis Yrs 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation (State or country) What test confirmed diagnosis?\_\_\_ Wes there an autopsy?\_\_\_\_ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? (State er country) Where did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Frederich (Address) 18. BURIAL, CREMATION, OR REMOVAL 5. Manner of Injury \_ Oete Jan / 3 1932 Nature of injury 24. Wes disease or injury In any way related to occupation of deceesed? 19. UNOERTAKER S (Address) If so, specify (Signed) 20. FILEO 12 land Registrar. (Address) \_

V. S. No.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example H	
The principal cause of of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 4 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V S			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Ir Conley

	it	UI,	0	1
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every it	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	-
	CORD	PHYS	ct sta	
0	T RE	Y. ]	Exa	
DING	ANEN	CTL	sified.	
BINI	ERM	EXA	y clas	40
FOR	SAF	tated	roperl	artifica
ED 1	HIS	be s	be F	10 go
MARGIN RESERVED FOR BINDING	VK-T	should	it may	TION is your important See instructions on hash of contificate
RES	NG I	AGE	that	o out
GIN	FADI	lied.	ms, so	Characte
MAI	I UN	ddns	in ter	ni ook
•	WITE	efully	in pla	3 400
	NLY,	be car	ATH	monte
7	PLAI	pluo	F DE	i war
-	RITE	ion sh	USE	N io
V. S. No. 1	3.—W	mat	CAL	TITO
×. S.	N. H	(	T	1

+ e +	STATE OF MARYLAND—	CERTIFICATE OF DEATH
stat UPA	1. PLACE OF DEATH	(072)
n of nould	county trelevel	Registration Dist. No. / 2
shou of O	Village or City Frederick	No. St., Ward
= 0	Length of residence in city or town where death occurredmsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Every residence of statement	2. FULL NAME Ruchand Price of	eicleman
D. Ev SICI tatem	(a) Residence: No. 4/2 M. Beule	St., Ward.
# 0	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VT I	3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
X A C T	5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, That I attended deceased from
A A assi	(or) WIFE of	My 27 1932 to My 27 1932
point .	6. DATE OF BIRTH (month, day, and year) Seel 25 1930	Past saw harmalive on Sun (2), 19.52; death is said
ed erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6
IS A PE stated E properly certificate	1. y. 4 2 1 day,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
70	8. Trade, profession, or particular kind of work dona, as SPINNER,	
=	o. ITade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	built cardise alulation 1:11:
VK—T should it may n back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
S ti	0. Oata decesed last worked at this occupation (month and spent in this	
(4)	year) occupation ^	Other Contributory Causes of importance:
NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Talker	B
FAI ied. ns, stru	(State or country)	" outles fulciment they
·	13. NAME JULY W. William 14. BIRTHPLACE (city or town) Tridings County	
y su ain t	14. BIRTHPLACE (city or town) That (State or country)	Name of operation Date of
S = 2 .	11 11 11 11 11	What tast confirmed diagnosis?
	15. MAIOEN NAME Valia R. Musbaugin  16. BIRTHPLACE (city or town) July 1988	Accident, suicide, or homicide? Date of injury 19
NLY, oe car ATH nport	State or country)	Where did injury occur?
	17. INFORMANT John III Juleman	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
F-7 (0)	18. BURIAL, CREMATION, OR REMOVAN	Mannar of injury
	Placallmon cleafel Oata 29 - Jany, 1986	Nature of injury
WRIT mation CAUSI	19 UNDERTAKER Proces & allayle	24. Was disease or injuly in any way related to occupation of dacaasad?
FOI	(Addrass) Tifetyton Mod.	If so, specify
=	20. FILED 2 F. auwey 19 8 2 Star me Rudy	(Signad) Tal- oracle feellem. O.
4(T)	Registrar.	(Address) Fulled Med.
	15 more Vlanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

state

Registrar.

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1,6168

193€	OCTOO
Registration Dist. No. 13	
151-1 1-2 -	
No. 3 4 4 N. Market St., death occurred in a horpital or institution, give its NAME instead of street an	d number)
23 ds. How long in U.S. if of foreign birth?yrs	mosds.
1	
O	
St., 4 Ward.  If nonresident give city or town a	nd State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
(Month) (Day)	. 193-2
(Month) (Day)	(Yaar)
22.   I HEREBY CERTIFY, That I attend	ed deceased from
Jan. 16 ,1932, to 4 and	2 , 19.32
Mast saw h 2 alive on 2 4 /8 ,193	=; death is said
to have occurred on the date stated above, at 4 20 m.	
The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importance	
wera as follows:	Date of onset
baraly Bus	Bah.10
Other Contributory Causes of importance:	
Chroni my oranditis	2400
and the state of t	
Date of	
Name of operation	
What test confirmed diagnosis? Was there a	
23. If daath was due to external causes (VIOLENCE) fill in also the follow	
Accidant, suicide, or homicide? Date of Injury	, 19
Whera did injury occur? (Specify city or town, county and	State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	200
If so, specify	
(Signed) 1207tes	
(Address) Frederick 12	d

V. S. No. 1

20

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Artertoscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

92, 93, O. Thomas

No. 1.

IN O

8

Z

	1 PLACE OF DEATH	
Co	ounty Achrich	131
Villa	age or City new Washeh (No.	
	2 FULL NAME Frank Downy	<b>/</b>
	PERSONAL AND STATISTICAL PARTICULARS	1
3 81		i
1	WIDOWEITTUOWIL	
M	(Write the word)	li
PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RACE SINGLE,  MARRIED PRODUCED  MARRIED PRODUCED		
	4 - 15- 85-9	
	(Month) (Day) (Year)	.   '
AG	If LESS ther	
	l dayhrs	.   7
) (a	a) Trade, profession or January & Mussehaul	
	b) General nature of industry	
	usiness, or establishment in	
	(State or country Ween Washel, Wed	
		1
Z		0
AR	0.00	1

BIRTHPLACE OF MOTHER (State or country) 66499 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

- 42 - 1837

ADDRESS

Ward

,	a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
(Month)	2/-, 1923 2 (Day) (Year)
17 I HEREBY CERTIFY, That I at	tended the daceasad from
March . 7.0 - 1926 , to far	
that I last saw hare alive on face	21 - 1927 2
and that death occurred on the date state	
The CAUSE OF DEATH & was as follows:	
Arteriosslesse	4
Contributory Chronic May again Secondary Statistics of May 1917 (Address) France (Signed)  State the Disease Causing Death Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospiente, or Recent Residents)  At place of death yrs. mos. da. Stat	, or, in deaths from uny: and (2) whether
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

of more blanks are needed, address State Registrar, 16 W. Saratoga St.,

KNOWLEDGE

Registrar

20 UNDERTABER

Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retire or given up on account of the disease causing bearing Whatever, write None, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Housemaid, etc. en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery, should be used only when needed. As examples: (a) worked on may form part of the second statement additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective or fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc or At For many occupations a single word or term on y18.). without more precise specification as Home, and children, not gainfully em-For persons who have no occupation If the occupation has been charged -Coal mine, etc. WOM-13 Day

Stacement of Cause of Death—Name, first, the bise Ease Causing death (the primary affection with respect to time and causatiou), using always the same decayled term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

Cit

as answered in detail, it will prevent further correspond-

All the data is essential and must be obtained before

certificate is permanently filed.

22 head of "contributory." ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) quinces (e.g., sepsis, tetanus) may be stated under the Poisoned by carbotic acid—probably suicide. The nature of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or momicidal, or Examples: State cause for which surgical operation was under-"Puerperal seplicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inauitlon," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Annemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. rulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ...... (name origin; "Caucer" is less definite; avoid mges, peritonaum, etc., (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men this certificate is looked over thoroughly and all ques-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" Accidental drowning; Struck Never report mere symptoms or terminal Chronic valvular heart ("Congenital," "Senile," ctc.), (Recommendations on state Carcinoma, Sarcoma, etc., of Example: Measles Always qualify all by railway discase; (merely (second-(disease "Con-

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.

V. S. No. 1

STATE OF MARYLAND	
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. /3/
Village or City Near Rocky Springs	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  S. & ds. How long in U.S. if of foreign birth? yrs. mos. ds.
0 0 00 0	5. U. U.S. HUN WING IN CO.S. II OF FOLIAGE BUTTING
2. FULL NAME John B. Engle.	
(a) Residence: No. Near Bockey Shring (Ususphace of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mode White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oav) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WHE of Caroline Heline.	22.   HEREBY CERTIFY, That I attended deceased from  1831, 19 to 1837
6. DATE OF BIRTH (month, day, and year) Magn 7 1858	I last saw h remalive on Jan 3 , 1932, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4-30-h.
73 7 28 1 day, hrs.	The I River and Original and I was a second and a second
8 Trade profession or particular	Chr Mysearchter 9
kind of work done, as SPINNER BOOOM Moaker etc.  SAWYER, BOOKKEEPER, etc. Booom Moaker etc.  9. Industry or business in which the work was dona, as SILK MILL, Court Shope.  SAW MILL, BANK, atc. Court Shope.  11. Total time (years) this occupation (month and this o	Chr Malvular Disease
Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation occupation	
70017	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) Frederich Co (State ar country) Mariland	acute Decompensation
	- wan sayanan
I	Name of operation Date of
14. BIRTHPLACE (city or town) Toederich 50  (State or country) Moariland	Name of operation.  What test confirmed diagnosis? Clinical Was there an autopsy? The
	23, If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicida, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Mood Tools Smith	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address Tooley Spoings  18. BUBIAL, CREMATION, OR REMOVAL	Manner of injury
PlacePleasant Haill Oate Jan 7 , 1932	Natura of injury
19. UNOERTAKER Thomas J. Taise	24. Was disease or injury in any way related to occupation of deceased?
(Address) Firedereck Mode	If so, specify
20. FILEO 6- Jan., 1932. Dr. Des JUS Ceul.	(Signed) & damence farming M. C. (Address) Frederick mode
If more blanks are needed, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis FEB 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURBAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

In East rooms &

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0501
1. PLACE OF DEATH	948	
County Fredrick Within the Corpora	Registration Dist. No. 3	<u></u>
Hillagory City Frederick	No. 103 E. 42 St.,	Ward
(H	death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?	
Length of residence In city or town where death occurredyrsmos	A NOW YOUR IN C.O. II OF TOTOLOGIC BATTLESS J. S. C.	
2. FULL NAME		
(a) Residence: No. / 0 3 E. 3 T. (Usual place of abode)	St., Ward.	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Mole White OR DIVORCED (write the word)	(Month) (Oay)	(Yaar)
5a. If married, widowed, or divorced HUSBANO of	22. 1 HEREBY SERTIFY, That I attended	deceased from
(or) WIFE of Mrs. Elizaboth F. Jalk	22. THERE BY CERTIFY. That I attended	1937
Dec 192 1873	Llast saw h Aug alive on Years 16 193>	; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated boys at 11:32	
58 - 18 1 day,	The PRINCIPAL CAUSE OF DEATH and elated causes of importance were as follows:	18.4
8 Trade profession or particular	A	Oate of onset
kind of work dona, as SPINNER, Merchank SAWYER, BOOKKEEPER, etc.	Coronary occurren	1240
9. Industry or businass in which work was dona, as SILK MILL Retail Green SAW MILL, BANK, atc	4	
10. Data decaased last worked at 11. Total time (years)		
O this occupation (month and spant in this year)		7
Tredwick	Otto Contributor Cause of implitantial are lyce	me ,
12. BIRTHPLACE (city or town) (State or country)	Roy Sig - Muguer of	120/0
13. NAME John Michael Falk	fow.	
14. BIRTHPLACE (city or town). Germany	Name of operation	
(State or country)	Whatest confirmad diagnosis? Was there an	autopsy?
15. MAIDEN NAME Catherine E. Albaugh	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
6 16. BIRTHPLACE (city or town) Germany	Accident, suicide, or homicide? Data of injury	, 19
E (State or country)	Where did injury occur?(Specify city or town, county and St	alc)
17. INFORMANT from the Talk	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place but olived got faring 9, 193?	Nature of injury	
lo 4. lo la se the	24. Was disease or injury in any was related to occupation of deceased?	
19. UNOERTAKER  (Address)	If so, specify	
D 2 44.00 ()	(Signed) 754. Olumbur	
20, FILEO Registrar.	(Address) & wolver	MI
If more blanks are needed, address State Revistras	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial neparitis FFB 4 1832	1921	Run over by street car	1 week ago
Cerebral nemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
	· .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state IPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 16502
4 Print   Industri	1. PLACE OF DEATH	
	County Frederick	Registration Dist. No. 131
item of should of OCC	Village or City Frederick (16	death occurred in a hospital or institution, give its NAME instead of street and number)
ary NS	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yramos ds
Eve MA	2. FULL NAME Mary Luss	
RECORD. Every PHYSICIANS Exact statement	(a) Residence: No. (Usual place of abode)	St., Ward. Euglicherg, ma, If nonresident give city of the and State
RECC. P. P. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Lewsle	21. DATE OF DEATH  (Month)  (Usy)  (Year)
NDING RMANENT X A C T L Y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY That I attended deceased from
E E E	6. DATE OF BIRTH (month, day, and year) June 17 - 1913	Jan. 13 1932, to Jan. 13. 1932 death is said
FOR B IS A PE stated E properly certificate	7. AGE Years Months Oays If LESS than 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were additions:
- 70	8 Trade, profession, or particular kind of work done, as SPINNER, at I found	Peritonikos.
SERVE VK_T] should it may n back	Work was done, as SILK MILL, SAW MILL, BANK, etc.	Oriminal abortion
日田 + 。	0 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Contributory Causes of importance:
IN DIN So so uction	12. BIRTHPLACE (city or town) Country)	Rubtured uterus
Z	13. NAME ashing a. Fuso  14. BIRTHPLACE (city or town) Functioning  (State or country)	Name of operation X A Date of X
	(State or country)	What test confirmed diagnosis? Dusopers Was there an autopsy? He
	15. MAIOEN NAME Parrie Hangh  16. BIRTHPLACE (city or town) Emulations  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? homicide Date of injury 7 19 4
AINLY, Wild be careful DEATH in	State or country)	Where did injury occur? (Specify city or town, county and State)
E PLA] should OF DI	17. INFORMANT Clobing Ch. Juso (Address) Endutaling and	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Donof Know
	18. BURIAL, CREMENTION, OR REMOVAL Place Crumtaling Well Oate Jan 15, 1932	Nature of injury Ruptured wheres
V. S. No.1  N. B.—WRIT  mation  CAUSI	19. UNDERTAKER W. J. Shuff I'M	24. Was disease or injury in any way related to occupation of deceased? Mo.
V. S. J.	20. FILED 5 - June, 1932 Dr. and Two Curly Registrary	(Signed) M. J. M. A. (Address) H. J. D. Larrich M.
0 4	NobirTH If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related eauses of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage 1932	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Exa	mple I CE VI	-011	Example II	
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	BUREAU V	S192L	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

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	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEB 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cercbral hemorrhage	BUREAU V.S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1;1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY	PHYSICIAN
------------------------------------	-----------	-----------

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 60503
1. PLACE OF DEATH	(23)
county ct rederick	Registration Dist. No. 15
Village or City State Sanalow	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Carrie B. Jon	atland 1+11
(a) Residence: No. 2205 Osquith	St., Ward. Ballo. Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Months)  (Day)  (Year)
(or) WIFE of Clifford B. Godtland	22.   HEREBY CERTIFY, That I attended deceased from CFP 16,193 1, to 100 1 (7, 1932
6. DATE OF BIRTH (month, day, and year) March 4 1908	Hast saw her alive on Jan 17, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 8F-2m.
23 10 13 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacased last worked at this occupation (month and business)	Pulmonary Tubercy losis
this coordinate and I M. C. Co. Sport in this	
year) occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) / / / / / / (State or country)	
# 13. NAME William Leiten	
13. NAME William Letter  14. BIRTHPLACE (city or town) Maryland 1 (State or country)	Name of operation Date of Type
	What test confirmed diagnosis Chest X ray + 56 Was there an au opsy? Mis
E I A A A A A A A A A A A A A A A A A A	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT W. a. Gardner (Address) State Sanatorum Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place 10 at 10 Place 10 Date 10 Place 1	Nature of injury
19. UNDERTAKER 19. CAN CADO CADO CADO CADO CADO CADO CADO CADO	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1 3 7.19 Registrar.	(Signed) Tewart J. Shaffer M. D.  (Address) State Sanatorum ud.
	411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	M 171,1923	Gastroenteritis	1 year
7.43			

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 66506
	1. PLACE OF DEATH	23
	county of rederick	Registration Dist. No.
	Village or City State Sanatorum	No. No. St., War
		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
	2. FULL NAME Mildred M. H	arrison
	(a) Residence: No. 17/6 W Rambley (Usual place of abode)	St., Ward. Bald. Ma.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
9a	. If married, widowed, or divorced	(Month) (Day) (Yeer)
_	(OT) WIFE OF Bertram Harrison	22. HEREBY CERTIFY. That I attended deceased fro
6.	DATE OF BIRTH (month, day, and year) Que 12, 1903	I last saw h_la_alive on
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at 1:50 Åm.
_	20 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
CO	8. Trade, profession, or particular kind of work done, as SPINNER, Australia SAWYER, BDOKKEEPER, etc.	R. J. Juli
PATION	9. Industry or business in which	January I swer allosis 1193
CCUI	work was done, as SILK MILL, SAW MILL, BANK, etc	
Ö	10. Date deceased last worked at this occupation (month and 11/93) 11. Total time (years) spint in this year)	w.
12.	BIRTHPLACE (city or town) Maryland. (State or country)	Other Contributory Causes of importance:
2	13. NAME strank Deckert	
AIH	14. BIRTHPLACE (city or town). Maryland,	Name of operation. More Date of
_	(State or country)	What test confirmed diagnosis Chest Xray + Pos. Syncthesis an auropsy? In
HER	15. MAIDEN NAME Catherine & chwaab	23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOTI	16. BIRTHPLACE (city or town) Maryland,	Accident, suicide, or homicide? Date of Injury, 19
2	(State or country)	Where did injury occur?
	(Address) State Sanatoring Md.	(Specify eity or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place 12 all mount mq. Date mount	Nature of injury
19.	UNDERTAKER M. L. Clager  (Address)	24. Wes disease or Injury in eny way related to occupation of deceased?
20	111 25- 11/10	(Signed I wart A. Sh affer M
20.	FILED 199 Registrar.	(Ardress) State Sanatorinas mg.
	If more blanks are needed, address State Registrar,	2412 N. Charles Street, Balismore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importances	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			1

V. S. No. 1

infor- state	1.
should of OCC	
ORD. Every HYSICIANS statement	2.
T REC LY. Pl Exact	3. SE 5a. 1
MANEN ( A C T   lassified	5a. 1
A PER ated E N operly c	6. DA
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	MOTHER FATHER OCCUPATION 17.11
DING 1. AGE so that uctions	12. 1
H UNFA supplied in terms, See instr	FATHER
carefully TH in pla	MOTHER
uld be T DEA	17.1
SE OF	18. E
Math CAU TION	19. (

STATE OF MARYLAND	CERTIFICATE OF DEATH (15)
1. PLACE OF DEATH	23
county tredericky Country	Registration Dist. No. 145
Village or City Myresville, Md	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	ds. How long In U.S. if of foralgn birth?yrsmosds.
2. FULL NAME I heo Beaghley Harsh	man
(a) Residence: No. Mysesville Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  **Temple White Married**	21. DATE OF DEATH  (Vegr)  (Vegr)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY. That I attended deceased from
Miller C. Harthman	Au 5 1037, to face 9, 1932
6. DATE OF BIRTH (month, day, and year) lugust 2, 1901	I last saw hele alive on face 9 ft go, 1932, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
30 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related gauses of importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Acute Hilatalien of Heart
9. Industry or business in which	Tielezzanton TNEMMANIA
work was done, as SILK MILL, Own Home	
11. Total time (years) this occupation (month and yaar) occupation occupation	
yaar) Occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Milyary Ill hereula des
- Committee of the comm	Lyupatrachie beleightelle
E milliot	CEldudary Unelle
14. BIRTHPLACE (city or town)  (Stata or country)	Name of operation Data of Data of
IS. MAIDEN NAME & CHARACTER M. Kalvel	What test confirmed diagnosis?
E WAR	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
7/.000	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL (	Manner of injury
Place Myresville Date Jan 12, 19. 3.2	Nature of injury.
19. UNDERTAKER L. Ly D. a. Hackbille	24. Was disease or Injury In/any way related to occupation of deceased?
(Address) Middletown Md	If so, specify
20. FILED Jaw. 11., 1932, William S. Wachtel Registrar.	(Signed) File A Calles (M. D.) (Address) Mules Saille 1995
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	icars	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis EED A 1939	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Count Mest redeents			Registration Dist. No. 137	
Village or City	(li	//	give its NAME instead of street and number	Wa
Length of residence in city or town where death of	occurredyrsmog		eign birth?yrsmos	(
2. FULL NAME Sarah	C. Hat	field		
(a) Residence: No.	(Usual place of abode)	/St., Ward.	If nonresident give city or town and State	
PERSONAL AND STATISTICAL	L PARTICULARS		TIFICATE OF DEATH	
	R DIVORCED (write the word)  Mamad	21. DATE OF DEATH	/	(Year)
HUSBAND of (or) WIFE of Market Market	tield		ERTIFY, That I attended decea	ased f
	1 2 get 1010	Llast saw Lr alive on C	2 cl . 19.3 2 : dea	
AGE Years Months	Oays If LESS than	to have occurred on the data stated ab	4	1111 13
62 8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH at		
O Yests section as soliveted	ormin.	were as follows:	Dat	te of or
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	us soil	Course	lterus !	
9. Industry or business in which work was done, as SILK MILL.		The state of the s		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	11, Total time (years)			
this occupation (month and	spent in this			
		Other Contributory Causes of importan	ce:	
Z. BIRTHPLACE (city or town) (State or country)	2.0			
1 0	anoll			
		Name of oparation	Date of	
14. BIRTHPLACE (city or town) (State or country)	0 0		Was there an autop:	sv?
15. MAIDEN NAME Sarah	Clark,	23. If death was due to external causes		-,
16 PIDTUPI ACE (gity or found)			Oate of injury	, 19
16. BIRTHPLACE (city or town)	0	Where did injury occur?		
7. INFORMANT Thomas (Address)	Statifield		(Specify city or town, county and State) DUSTRY, In HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL Place Universable Da	nte Jan 5th 1931	Manner of injury		
9. UNDERTAKER Powell & Ol (Address)	baugh		elated to occupation of deceased?	
		(Signed)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FR 14	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis'	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH WIthin the GUI MUI MAN	82-0
County Frederick	Registration Dist. No. 13
Village or City Frederick	No. 569 S. Mouleu St. Ward ideath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Miss. Lula Sophia Heffner.	
(a) Residence: No. 509 S. Market St., (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	21. DATE OF DEATH  January 5, 1932  (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBANO of (or) WIFE of No.	22. A HEREBY CERTIFY, That I ettended decessed from 1932, to Jany 512, 1932
6. DATE OF BIRTH (month, day, and year) Oct. 12, 1864	I last saw h_er_ Dally Dn, 19; death is said
7. AGE Years Months Oays If LESS than 67 2 22 1 day, hrs.	to have occurred on the dete stated above, at7 .30P.st.
67 2 23 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, At Home	apoplistic allach, 1/5/32
SAWYER, BOOKKEEPER, etc.	Beretral Hallier Luge 730p
work was done, as SILK MILL, SAW MILL, BANK, etc.	Dougrae Grandor-Roge
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Jo. Date deceased last worked et this occupation (month and year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance Herperteus; on
(State or country)	2 m 3 years
E 13. NAME John P. Heffner.	
13. NAME John P. Heffner.  14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Oate of
(ctate of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIOEN NAME Sophia Rice.  16. BIRTHPLACE (city or town) Maryland.	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
	Accident, suicide, or homicide? Two Date of injury 19 19
State or country)  Mrs. Bertha Rice.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Frederick, Md.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt. Ol ivet Com. Fred Date Jan. 7, 19-32	Nature of injury
M. R. Etchison & Son.	24. Was disease or injury in any wey related to occupation of deceased?
19. UNOERTAKER Frederick, Md.	If so, specify
20 FILEO Dan 1932 Dr. Ino Tus, Carde	(Signed) Analy J. Fordell. M. O.
Registrar.	(Address) 122 Court Dr.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death-and-related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial rephritis  Cerebral hemorphage	1915	Attack of epilepsy	1 week ago
Chronie interstitial dephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   FEB 4 1932	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V 8	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year


IT RECORD. Every item of infor-	LY. PHYSICIANS should state	. Exact statement of OCCUPA-	
S IS A PERMANEN	stated EXACTI	properly classified.	certificate.
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
Z		1	·

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	11
1. PLACE OF DEATH		<u>95°C</u>	
County Frederick		Registration Dist. No. 153	
Village or City Walkersvil	1e	No. St, death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death	occurred 36 yrs mos	ds. How long In U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Clara A.	Hoke		
(a) Residence: No	(Usual place of abode)	St., Ward.  If nonresident give city or town and S	tate
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Widowed	21. DATE OF DEATH  January  (Month)  (Day)	193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David H. Hoke	e	22. I HEREBY CERTIFY. That I ettended do Nov. 5, 1931 to Jan. 14	eceasad from
6. DATE OF BIRTH (month, day, and year) Aug.		to have occurred on the date stated above, et 10A. m.	death is said
7. AGE Yaars Months 77 5	6 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, et	Oste of onset
8. Trede, profassion, or particular kind of work done, as SPINNER, HOI SAWYER, BOOKKEEPER, etc.  9. Jedustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked et this occupetion (month and 1931 year)	n home  11. Total time (yeers) spent in this occupation		Dec. 1931
12. BIRTHPLACE (city or town) Pennsyl (State or country) Adams C	vania O.	Other Contributory Causes of Importance.	
13. NAME Daniel Geiselma 14. BIRTHPLACE (city or town) Pennsy. (State or country)	lvania	Name of operation Oate of What test confirmed diagnosis? Was thera an au	
15. MAIOEN NAME Fannie Rife	e	23. If daath was due to external ceuses (VIOL ENCE) fill in also the following:	
15. MAIOEN NAME Fannie Rife 16. BIRTHPLACE (city or town). Pennsy (Stete or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Mrs. Harry Zin (Address) Walkersvi	mmerman	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Pleca Glade Cemetry		Manner of injury	
19. UNOERTAKER Mrs.K.G.Putman (Address) Walkersvill	n le,Md.	24. Was disease or injury in any way related to occupation of dacassed?	
20 FILEO Dan 17 , 1932 Mrs. &	1 . 1.1	(Signed) Jozepha W. Janes (Addiss) Walkersville, Md.	/M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	imple I	ans a ser process of the second secon	Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIV	= 4915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	14	July 5,1927	Perilonitis	3 days ago
	BUREAU	7.8.		
Other contributory causes of	f importance:	and the second second	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		I		

infor-OCCUPA 1. PLACE OF DEAT Jo pinous County\_\_. Registration Dist. No. / item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? SICIAN RECORD. (a) Residence: No. St., Ward (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBANO of IHEREBY CERTI (or) WIFE of PERM certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Years Months If LESS than to have occurred on the date stated above, et. FOR I day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 6 or \_\_\_\_ min. were as follows: 8. Trade, profession, or particular THIS PATION RESERVED kind of work done, as SPINNER, JO SAWYER, BOOKKEEPER, etc ..... back may 9. Industry or business in which work was done, as SILK MILL, pluods SAW MILL, BANK, etc.... 10. Dato deceased last worked et uo 11. Total time (years) this occupation (month and spant in this that occupation ... year) ..... instructions Other Contributory Canses of importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See Name of operation\_\_\_\_ 14\_BIRTHPLACE (city or town plain (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: E Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 DEATH 16. BIRTHPLACE (city er town) (State or country) Where did injury occur? \_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plno 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE Oete LION Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILEO.

If nonresident give city or town and State 2

(Year)

Date of onset

F.Y. That I attended deceased from

Regist Ar. (Address) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis FFP	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLA CERTIFICATE OF DEATH EXACTLY, I Registration Dist. No. St.: Ward) (If death occurred im a hospital er institution, give its NAME Instend of street and 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE S SINGLE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. Ď OR DIVORCED ay pino Write the word) (Month) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 91 (Day) (Year) and that death occured on the day stated above, at /2/5 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH \* was as follows: RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in c which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country 00 10 NAME OF 0 11 BIRTHPLACE ... (Address) 5 COZ OF FATHER LZ tate the Discase Causing Death, or, in deaths from CAU: (State or country) Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. Ш 00 12 MAIDEN NAME X 18 LENGTH OF RESIDENCE (For liospitals, Institutions, Trans-00 ients or Recent Residents) tat 13 BIRTHPLACE At place In the 60 OF MOTHER of death. (State or country) Where was disease contracted, hou 14 THE ABOVE IS TRUE TO THE BEST if not at place of death? Every Item CIANS sho statement Former or usual residence. If more banks are peeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter Spinner, (b) Cotton mill: (a) Salesman. (b) Grocery; (o) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer er," etc., whatever, write None. business, that fact may be indicated thus; Former (re Housemaid, etc. report specifically the occupations of persons For many occupations a single word or term on especially in industrial employments, it is necesor At Farm laborer, Laboreryrs). without more precise specification as Doy Compositor, Architect, Locomotive engineer, Home, For persons who have no occupation If the occupation has been changed and children, -Coal mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

"Laccident; Revolver would of head-homicide; Poisoned by as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "contributory" inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . (name origin "Cancer" is less definite; avoid (Recommendations on statement of cause of stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menatic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Heart failure," causing (secondary or intercurrent) use of "Tumor" for malignant neoplasms); carbolic acid-probably smaide. The nature of the injury, "Inanition," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping "PJERPERAL septicuomia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all American Medical Association.) Examples: Aecidental drowning; Struck by railway troin or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Never report mere symptoms or terminal condiinterstitial nephrilis, death), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; "Marasmus," "Old Age," "Shock," Chronic affection etc. valvular heart The contributory need not be Measles; disease; death

If this certificate is looked over thoroughly and all que tions answered in dotail, it will prevent further correspondence. I the data is essential and must be obtained before the certificate is perminently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVEI	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
	1921	Run over by street car	1 week ago
Chronic interstitial nephritis FEB 4 1972	July 5, 1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:	Î Î	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IN.

STATE OF M	ARYLAND—	CERTIFICATE OF DEATH 60515
County Frederick		Registration Dist. No/2/=
Village or City Montevue Hospita	al (de	No Montecus / Infinite St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occur	redyrs,mos	2 ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Sarah Ann Alice (a) Residence: No. Lut Lill (Ust	1	Mt. Ville Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR D	E, MARRIED, WIDOWED.  IVORCED (write the word)  Idow	21. DATE OF DEATH January 26, 2
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day) (Year)
(or) WIFE of William Joh	nnson.	22. I HEREBY CERTIFY, That I attended deceased from 25, 1932, to 26, 1932
6. DATE OF BIRTH (month, day, and year) Jan. 2	22, 1852	I last saw her alive on fram 126, 1937, death is sald
7. AGE Years Months D: 4	If LESS than I day, hrs. or min.	to have occurred on the date stated above, at 9 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Maryand	v Domestic . Total time (years) spent in this occupation	Other Contributory Causes of Importance:
(State or country)		
13. NAME George Hopewell    Maryland   (State or country)		Name of operation Date of
15. MAIDEN NAME Susan Garrison.		What test confirmed diagnosis?
15. MAIDEN NAME Susan Garrison.  16. BIRTHPLACE (city or town) Maryland (State or country)		Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT J. A. Jones, Supt.  (Address) Frederick, Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Ville. Md. Date I:	an 29 10 32	Manner of injury
M. R. Etchison & S. 19. UNDERTAKER - Frederick, Md.	THE PARTY OF THE P	Nature of injury.  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify
20. FILED 27 - James, 1922 Dra m	chuleg	(Signed) BOThomas M.D.  (Address) Parlemik Med
If more blanks are	needed, address State Registrer,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was donc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NT RECORD MARGIN RESERVED FOR BINDING ITH UNFADING INK--THIS IS A PERMA WRITE PLAINLY V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Friderick	CERTIFICATE OF DEATH
near Pl	Registration Dist. No. /3/
Village or City X ibuty foron (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME John Philip P ST	Councy steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, Adourd WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH au - 196, 1982  (Month) (Day) (Year)
6 DATE OF BIRTH  May 3/ , 1863	17 I HEREBY CERTIFY, That A attended the foceased from 2 2 1932. to 2 1932.
(Month) (Day) (Year)	that I last saw h un alive on fau 17 , 19272
7 AGE    If LESS the l day he or min	The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or Petrical Farmes	Hemplegia sequela of Combral
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos/7ds
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration), yrs, mos, ds
10 NAME OF William Kelney	(Signed) OFW TB. Atone M. D
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Beard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mrs Harrey Long	Former or usual residence
(Address) Mtary Mal	Rocky Hill Jan 1, 1932
15 Filed Jan W 182 MD Cinform Registrar	20 UNDERTAKER Allaugh Lebertytown
If more banks are needed, address thate Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. whatever, write None. Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Yeer)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of information should be carefully ald state CAUSE OF DEATH in pla CCCUPATION is very important. hould

	66518
PLACE OF DEATH	STATE OF MARYLAND
County Frederick	S CERTIFICATE OF DEATH
	Registration Dist. No. 145
Village or City My usully (No	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Africo (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Yesr)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h slive on , 192 , 192
7 AGE Sliel Pith .   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular land of work	Prematurity
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or county) murch my	Contributory Secondary  (Durstion)yrsmosd
10 NAME OF FATHER Marles. M. Kelle	(Signed) Shung Harp M. I. Jun 8 1932 (Address) Missletaur II.
OF FATHER (State or country) Mongland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many Johns	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
OF MOTHER (State or country) Monstend.	At place of deathyrsmosds. In the Stateyrsmosd
A THE ABOVE IS TOUE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, if not at place of death?
(Informant Thales M. Stellisse	usual residence
(Address) Myrille, Md.	munillo 4. B. Cemetor Jem 9-, 132
Filed Jan. 8 1932, William & Machtel	20 WILDERTOKER & CADDRESS  Bettle Brown Mynish m.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Foreman, or For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

s; inal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Chronic Example: Measles (disease chopneumonia (secondary) The n ture of the injury, etc. valvular heart Nomenclature of the The contributory Always qualify all disease not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

infor-

18. BUBIAL, CREMATION, OR REMOVAL

(Addrass) Frederick

19. UNDERTAKERS

866

If LESS than

gistrar.

or ..... min.

Gem Date Jan 20

1. PLACE OF DEATH

V. S. No.

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Boar & Brandfield

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Frederick.	Registration Dist. No. 13/
Withege or City Frederick.	No. 127 6. Fourth St. 4 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  Ods. How long in U.S. if of foreign hirth? yrs. mos. ds.
2. FULL NAME Alice Hoolmes Hon	rock
(a) Residence: No. 127 E. Frouerth	St., 4 Ward.
(UsuaIplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wickowied	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of James Te Knock	1 HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, end year) Leune 12. 1857	Mast saw her falive on 10 face 198 L deeth is said
7. AGE Years Months Pays If LESS than	to have occurred of the date stated above, at 12-30. Pm.
74 6 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.	Chronia llyrcorlite 420
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Cardiac - My frestrope
10. Date deceased last worked et this occupation (month and year)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Frederich  (State or country) Maryland	Kenn Block. 2 She
13. NAME John L. Hoolmes	
14. BIRTHHLACE (city or town) Firederick	Name of operation Date of
(Stete of country) Maryland	Whet test confirmed diagnosis?
15. MAIDEN NAME Harriet Eachers,	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Hart Eckes,  16. BIRTHPLACE (city or town) Fi rederiche (State er country) Maaryland	Accident, suicide, or homicide?
17. INFORMANT Loucy J. Hoolmes (Address) 127 E. Fourth St	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Not Olevet, Cornege fare 13, 1932	Menner of injury
19. UNDERTAKER Thomas To Trice (Address) Frederick And	24. Was disease or injury in eny way related to occupetion of deceesed?
20. FILEO 12. Say, 1932 America.  Registrar.	(Signed) A for Sedent M. D.  (Address) A redent M. D.
If more blanks are needed address State Position	N Chalacter Balifus Branch Bra

Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage   1932	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

or Me Curdy,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6521
1. PLACE OF DEATH	23	
County April -	Registration Dist. No. /3	9
Village or City fato January	NoSt.,	Ward
Length of residence in city or town where death occurredyrs3_mos	death occurred in a horpital or institution, give its NAME instead of street and deathds. How long In U.S. if of foreign birth?	
2. FULL NAME They Avwalsk	1 Down in Plant	
(a) Residence: No. 9 J. Januar St	Grace Mindere Mind	
(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
OR DIVORCED ("write the word)	21. DATE OF DEATH  (Month)  (Day)	., 198 2 (Year)
5a. If married, widowed, ordivorced HUSBAND of (ac) WIFE of Pauline Kowaera'	22. OL HEREBY CERTIFY That I attended	
6. DATE OF BIRTH (month, day, end year) Jan 9-18-51	I lest saw h	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, d	
5/ 0 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	,
8. Trade, profession, or particular kind of work done as SPINNER	P G.	Date of onset
kind of work done, as SPINNER, Claborul SAWYER, BOOKKEEPER, etc.	Vulus Jumbon	Zyro
9. Industry or business in which work was done, as SILK MILL, Jank, SAW MILL, BANK, etc	0	0
11. Total time (years)		
year) occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
13. NAME dunne Vowally		
14. BIRTHPLACE (city or town)  (State or country)	Name of operation.	
(State or country)	VIGA THE YOU	au'opsy?
15. MAIDEN NAME Malroma U	23. If death was due to external causes (VIOL ENCE) fill in elso the followin	
15. MAIDEN NAME Malromal  16. BIRTHPLACE (city or town) P. Cland C. Consultation	*Accident, suicide, or homicide? Date of injury	
≥ (State or country)	Where did injury occur?	, 17
17. INFORMANT Thus Nowall owasmum (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) .ACE,
18. BURIAL, CREMATION, OR REMOVAL		
Place Jackens In Date Unknow 19	Manner of injury	
1 L. Crea von	Nature of injurys	mon
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupetion of deceased?	
11. In Ma	(Signed) deward A Alasta	el Mr
20. FILED 7. 3 C J. No. Registrar.	(Address) State Sanaterin	m. M.
If more blanks are needed address State Residence	Odes N. Charles Street P. J	

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Chronic interstitial nephritis FEB 3 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH ~	STATE OF MARYLAND
County Gredench	CERTIFICATE OF DEATH
0	Registration Dist. No. 144
Village or City Thursday (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME/ Pulliam C. Fa	Les number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whet Single, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw humalive on 1922.
7 AGE    If LESS that   I day hree   I day h	s. The CAUSE OF DEATH * was a follows:
8 OCCUPATION (a) Trade, profession or Petrical RR Anaduck	Chronie asterial Selevois
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Hyphotolic Pressure
10 NAME OF FATHER Prashington Lali	(Signed) Morris M. D. M. M. M. D. M. M. M. M. D. M. M. M. M. M. D. M.
II BIRTHPLACE OF FATHER (State or country) I2 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a of MOTHER Mary Creagers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Mus Mannie & Late	if not at place of dea.h?  Former or usual residence
(Address) Thursonh And	Torsden Park Coma Jan 8, 1932
15 Filed aw. 6 1932 anna M. Falls	Willhide & Creeger Thursnown
If more banks are needed, addre, s tate Kegistr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Furn laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a er," etc., Physiciun, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fover (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Ethaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Chronic and consequences (e. g., scpsis, ," "Coma," "Convulsions, affection need etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	,	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4 - 4 - 2 - 1 - 62 -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V.S.	July 5, 1927	Peritonitis	3 days ago
	The second secon	18		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDRESS

m ż Filed Law.

15

	00524
PLACE OF DEATH County Fredh.	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 40
Village or City Sore (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Dhite Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH 3
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY ERTIFY, That I attended the deceased from  192 U to an , 193 2  that I last saw h as alive on An , 193 2,
TAGE  If LESS than l day hrs or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work  Burne	The CAUSE OF DEATH * was as follows:
business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)mosds.
10 NAME OF FATHER John Telfone	(Signed) G C Lilly M. D. Jane 6 1922 (Address) Word Dard Mudj.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Harry LeSore	if not st place of death?  Former or usual residence
(Informant) range of the Mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. woinen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealcupation is very important, so that the relative healthreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womthat fact may be indicated thus; Farmer (rewithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (6) Grocery; Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. approved by Committee on Learning may be stated under the head of "contributory." Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinitc); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	*	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 4 1932	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
1	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

Br. Brooks

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66526
1. PLACE OF DEATH	100
County Frederices	Registration Dist. No. 140
Village of Cityean Delour	No. St. Ward
Length of residence In city or town where death occurred # o yrs,	f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Many Elen abith.	Marilla ->
(a) Residence: No.	Ch Ward
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OB DIVORCED (write the word)	21. DATE OF BEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cellian J. Breellar	122 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (Del 14, 554	I last saw h elive on from 12, 193 2, death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at lo a m.
71 2 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade preferior or portionles	Date of onset
SAWYER, BDOKKEEPER, etc.	polar preumona finis
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (months of the control o	1932
1D. Date deceased last worked at this occupation (months occupation (months occupation occupation)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country) Mury land	1922
13. NAME Ellinan Crouse	01.151
13. NAME Efficient Crouse 14. BIRTHPLACE (city or town)	Name of operation
(State or country), Princey level	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many Weller 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Win I bruller	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Alow. M.)  18. BURIAL, CREMATION, OR REMOVAGE  TO SHOW THE PROPERTY OF THE PROPERTY	
Place Danaho Date Jan 15 19 32	Manner of Injury
19. UNDERTAKER M& Ceresper Hon,	Nature of injury 24. Was disease or injury In any way related to occupation of deceased?
(Address) Thursdanh Ma	If so, specify
20. FILED 4 3 , 19 32	(Signed) Tolling M. D.  (Address) Delowy Drog,
If more blanks are needed, address State Registrar,	2421 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FF 9 1002	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage PIIRIAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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RD. Every item of infor-YSICIANS should state statement of OCCUPA. MARGIN RESERVED FOR BINDING

ERMANENT RECO	EXACTLY. PH	y classified. Exact	te.
SISAI	stated	properl	certifica
HIS	be	pe	Jo
B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	mation should be carefully supplied. AGE should be stated EXACTLY. PH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
00	- 1		1

STATE OF	MARYLAND-		0527
1. PLACE OF DEATH		(92-0)	77
County Trederick.		Registration Dist. No. / <	2/
Village or City Umonville	<u> </u>	ND. St., (If death occurred in a hospital or institution, give its NAME instead of street an	- Ward
Length of residence in city or town where death or		osds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME William	4. Miller		
(a) Residence: Np. Lane	f. 1	St. Ward.	
	Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
	NGLE, MARRIED, WIDOWED, I DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of frafings of Alexnies	tto f. Miller	22. Dre- 28 1937 to 24	ed deceased from
1837	-1-11	A seek	2; death is seld
6. DATE OF BIRTH (month, day, and year) / 0 3 / 7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at 3 a.m.	
94 7	13   1 day,h	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	D. t. storest
8. Trade, profession, or particular kind of work done, as SPINNER, farm	res = (estires)	arterio Silevoris	Date of onset
Industry or business in which work was done, as SILK MILL.			
10. Date deceased tast worked at this occupetion (month and year)	11. Total time (yeers) spant in this occupation		
12. BIRTHPLACE (city or town) - Thangle (State or country)	ud.	Other Contributory Capaci of Importance:	1926
13. NAME Parael mile	11		
14, BIRTHPLACE (city or town) 7 many (State or country)	land.	Name of operation Date of	
15. MAIDEN NAME	and out	What test confirmed diagnosis? Wes there e	
16. BIRTHPLACE (city or town) - many k (State or country)	land,	23. If death was due to external causes (VIDL ENCE) filt in also the foltow  Accident, suicide, or homicide?	
17. thrormant Clivan Mills (Address) Amonoille	ler mid.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL Place Amyunore Country	ie Jan 26, 193	Manner of injury	
19. UNDERTAKER 10. M. Maltz (Address) Windield	nd,	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify	No
20. FILED Jan 24 , 1982 375 C	er farand Registrar.	(Signed) Ota, D. Stone	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis	SCS Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	S days ago	
BURBAU V.	S.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Frederick to hid	Registration Dist. No. 121
Villago or City Frederick	No. 222 S. Carroll ex st. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?mosds.
Length of residence In city or town where death occurredyrsmos.	
2. FULL NAME AUGUS.	- gare
(a) Residence: No. 2 2 2 3. (Usual place of abode)	St., Ward.  Mnonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced the Morgan HUSBANO of (or) WIFE of	22. 1 HEREBY CENTIVY. That, I attended deceased from
January 4-1880	Mast saw have alive on Lund 100, 190 2, death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated tone, at 18. H.m.
57 — 7 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and remain causes of importance were as follows:
8 Trade profession or particular	Date of Direct
8. Trade, profession, or particular kind of work done, as SPINNER, Natchuse SAWYER, BOOKKEEPER, etc.	Chime Mys Chidily
kind of work done, as SPINNER, Natchuser  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, O. P. P. Co.  10. Date deceased last worked at this occupation (month and spant in this	
SAW MILL, BANK, etc	V <sub>0</sub>
this occupation (month and spent in this occupation	<u> </u>
12. BIRTHPLACE (city or town) Freslerick )	One Contributory Causes of importance:
(State or country)	Carry Victuren /8/3:
I 13. NAME Jun & Morgan	<u></u>
14. BIRTHPLACE (city or town) Frederick	Name of operation Oate of
(out of commy)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emma Press	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Trescence	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mis aller S. Morgan	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATJON, OR REMOVAL	Manner of Injury
Place mt aliget Date 13-Jan., 1932	Nature of injury
10 E loling tolow	24. Was disease or injury lorany was related to occupation of deceased?
19. UNDERTAKER (Addiess) Frederick Fred	If so, specify
20, FILED 3 - Jan. 1932. Dr. 200 & m. Centr	(Signed) M. O
20. FILED 3 Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltim re, Requesting U. S. No. 1.

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The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis   FFR	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 4 1932	1921	Run over by street ear	1 week ago	
Corebral hemorrhage   BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR FURTHE	R STATEMENTS	BY PHYSICIAN
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& Show

BINDING

RESERVED

ARGIN

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Example I  The principal cause of death and related causes of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 4 1039	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Other contributory causes of importance:	July 5,1927	Peritonitis  Other contributory causes of importance:	3 de

>

PLACE OF DEATH Work	STATE OF MARYLAND
County Trederick Train CORPOLATE MIT	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Knowvell (No.	St.: Ward) (If death occurred it
2FULL NAME WM Robert Do	ward) a hospitul or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Write the word)	16 DATE OF DEATH 22 , 1939 (Month) (Day) (Year)
G DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h Analive on 192 that I last saw h 192 that I last
7 AGE   If LESS than	and that death occurred on the date stated above, at \$35 Pm
64 yrs. 6 mos. 2/ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Practe Laborer	diaesa
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER DUN Toully	(Signed) 132 (Address) Brews arat his
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sarah Munday	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) MM W R Saulton	Former or usual residence
(Address) Knownthe mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 1/23 1932 Mrs. A.S. Helson Registral	20 UNDERTAKEN ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
If more banks are needed, addre.s tate negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DRATH gaged in domestic service for wages, as Servant Coal, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material For persons who have no occupation, (b) Grocery

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebross, inal meningitis"); Diphtheria (avoid use of "Croup"); s, inal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> Tas fracture of skull, and consequences (e.g., sepsis, Letanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n-ture of the injury, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., whon a definite disease "E.haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory Always qualify all

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	1	.00	-	d
6	10	27	-7	-1
U	U	23	()	_

1. PLACE OF DEATH			82.00			
County Treseriet	*************			Registration Dist. No.	134	
Village or City.	taking				St., Ward	
2. FULL NAME Que	nie &	ort	es	or rotoga bilinia	IIIV <b>3</b>	
(a) Residence: No.	(Usual place	of abode)	St., Ward.	If nonresident give city or to	own and State	
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL	CERTIFICATE OF DE	ATH,	
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	Hannory 6 (Month) (Oay)	, 193 2 (Year)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		0	22. ALLES	BY CERT FY. That is	/	
6. DATE OF BIRTH (month, day, and year)			I last saw he all alive on	Jon 16 +	1932 ; death is said	
7. AGE Years Months  about 92	Deys	If LESS than  1 day,hrs.  ormin.	to have occurred on the date The PRINCIPAL CAUSE OF I were as follows:	stated above, at	Oate of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total ti	leschen ime (yeers) tt in this tpation 50	Other Contributory Causes of	Importance:	10 2 da	
(State or country)	Parter	ed.	arterio- E	Tolerosis	Tyeno	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	lawar	e		0 ;7 Was ti	ate of	
15. MAIDEN NAME Cliaber  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)	aufort	grave Les	23. If death was due to externa Accident, suicide, or homicide Where did injury occur?	cl causes (VIOLENCE) fill in also the  "?Oete of injury  (Specify city or town, county ed in INOUSTRY, in HOME, or in PUI	following:, 19	
18. BURIAL, CREMATION, OR REMOVAL Place Laltimore we	LDate 1/	8,1932	Manner of injury			
19. UNOERTAKER Zug. (Address)	talel	find	24. Was diseese or injury in a	ny way related to occupation of decea	sed?	
20. FILED Jan 7 , 19 3 2 7/	at Sh	Registrar.	(Signed) 1070	min talling	ison M. I	

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EN S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
*,*				

MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTI	CAUSE OF DEATH in plain terms, so that it may be properly classified	icate.
FOF	IS A	state	prop	certif
ED	HIS	be	be	Jo
ERVI	K-T	plnoy	t may	back
ESJ	Z	ES	at it	Son
I R	ING	AG	e th	tion
RGIN	NFAD	plied.	rms, s	TION is very important. See instructions on back of certificate.
MA	5	dns	n te	ee i
	WITH	fully	n plain	nt. S
	Υ,	care	H ii	orta
	INL	pe	EAT	dmi
	PLA	pluor	OF D	very
	ITE	ls u	SE (	SI
-	WR	natic	AL	LION
V. S. No. 1	B.	=		
N .	ż			

		STATE	O	F MAR	YLAND-	CERTIFICATE OF DEATH	540
	ACE OF	1	•				200
C	ounty	reder	re	15		Registration Dist. No.	10
V	illage or Cit	y Ley	or			No. St., death occurred in a horpital or institution, give its NAME instead of street and	
		ence in city or town w	here dea	ath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrs	mosds.
	JLL NAM		u	17	440		
(8	a) Residence	e: No		(Usual place	of shode)	St., Ward.  If nonresident give city or town as	nd State
P	ERSONA	AL AND STAT	ISTIC			MEDICAL CERTIFICATE OF DEATH	TO DIANCE
3. SEX	7	4. COLOR OR RACE	-	5. SINGLE, MARI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	., 193. 2—
5a. If ma	rried, widowe	d, or divorced				(Month) (Day)	(Year)
HUS	BAND of WIFE of			•		22. I HEREBY CERTIFY, Thet I attende	d deceased from
6 DATE	OF DIDTH (n	nonth, day, end year)	Te	au. 16	1,1932	I last saw h alive on	
7. AGE	Yeers		3 1	Days	If LESS than	to heve occurred on the date steted above, atm.	22, 00000 10 0010
			,	0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
Z 8. 1	rade, profess kind of wo	sion, or particular ork done, as SPINNER BOOKKEEPER, etc		h			
E S		BOOKKEEPER, etc usiness in which		- y w		ff in low	
UP (	work was	done, as SILK MILL, , BANK, etc				July volu	
OCCUPATION	Date deceased	d last worked at ation (month and		11. Totel ti spen	me (years) t in this pation		
		,				Other Contributory Causes of Importance:	
	HPLACE (city State or count		na	~1 Por	~~		
1	AME 9	Pamis	-D 4	( 1)	ATTA		
13. N	TAINE J	Carry	T	07	v cas		
¥ 14. 8	(Stete or o	· ·	1/2	00	7-15	Name of operation	
2		12 .	n	Med C	7	What test confirmed diagnosis? Was there en	eutopsy?
15. M	MAIDEN NAM	Larre	m	ure 1	ench	23. If death was due to external causes (VIOLENCE) fill in elso the followi	
Q 16. B		(city or town)	4	7-		Accident, suicide, or homicide? Date of Injury	, 19
-	(State or o	country)	m	my ca	~	Where did injury occur? (Specify city or town, county and St	ate)
17. INFOR	RMANT	Mary	2 you	Em	5	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC F	LAĆE.
18. BURIA	AL, CREMATH	ON, OR REMOVAL		0		Manner of injury	
P	lace Oct	( )dies	2	Date_/_	14193.2	Nature of Injury	
19. UNDE	RTAKER (	legere	9	alle	ugh	24. Was disease or injury in any way releted to occupation of deceased?	no
	1	pary	C	00 1	5 min	(Signed) Maland Dille	2
20. FILED	yan.	4,193.7-		6	Registrar.	(Address) Delow M	M. D
- //			-		registrar.	(Noutros)	

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Gallstones	May 1,1923	Gastroenteritis	1 year

5)	ECORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT KI	stated EXACTLY.	properly classified. Ex	certificate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	WRITE PLA	mation should	CAUSE OF D	TION is very

	F MARYLAND—	CERTIFICATE OF DEATH 66533
1. PLACE OF DEATH  County Freder	iest	Registration Dist. No. 140
Village or City Legs	772	No. Registration Dist. No. / St., Ward
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	eath occurred yrs mos	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Jufar	1 pous	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (O 1932 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
a. a.	ew. 10,1932	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Deys   If LESS then	to have occurred on the date stated above, atm.
0 0	0   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	prove	Still boow
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10. Date deceased last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	yon	Other Coutributory Causes of Importance:
(State or country)	angland	
13. NAME Harry Edga	Ayous	
13. NAME Hame Edga  14. BIRTHPLACE (city or town)	rayland,	Name of operation
15. MAIDEN NAME Gerie /	norse Smith	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Serve 17		Accident, suicide, or homicide? Date of injury, 19
State or country)  17. INFORMANT  17. INFORMANT	folls	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	forz	
18. BURIAL, CREMATION OF REMOVAL	Date Jan 11 , 193 2	Manner of injury
19. UNDERTAKER POLICE (Addiess)	Allegange	24. Was disease or injury in eny way related to occupation of deceased? 200
20. FILED Jan 1/, 1987	Powel	(Signed) fallend Diller M. D
	Registrar.	(Address) A llow Wo

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 3 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Within the Corporate was Jo pluods Registration Dist. No.\_ item JO (If death occurred in hospital or institution, give its NAME instead of street and number) How long In U.S. If of foreign birth? PHYSICIANS Length of residence in city or town where death occurred \_\_\_\_\_mos.\_\_\_\_mos.\_\_\_ statement CORD. (a) Residence: No. Ward If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 3. SEX 4. COLOR OR RACE DIVORCED (write the word) CTL (Month) (Dey) (Year) BINDING classified 5a. If married, widowed, or divorced HUSBAND OF 22. CERTIFY. That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Days If LESS than FOR 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. or ... were as follows: Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED pe Jo SAWYER, BOOKKEEPER, etc ... back pluods may 9, Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation \_\_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town ARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town in plain (Stete or country) What test confirmed diegnosis? Wes there a autopsy? carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important Accident, suicide, or homicide?\_\_\_\_\_ Date of injury \_\_\_\_\_, 19... OF DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) 18. BURIAL. Manner of injury CAUSE nation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased: 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1932	1921	Run over by street car	1 week ago
Corebral hemorrhage RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (rep state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Womnot gainfully em-6 persons en-Grocery;

Statement of Cause of Death—Name, first, the offsease Causing Death (the primary affection with tespect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

3

answered in detail, it will prevent further correspondence. All the

permanently filed.

American Medical Association.) approved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." earbelic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Harmorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OR HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all qu stions FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need etc. The contributory valvular heart disease; Always qualify all not be

should state Exact statement of OCCUPAaECORD. Every item of infor-PHYSICIANS stated EXACTLY. IS A PERMANENT properly classified. FOR BINDING certificate. UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED See instructions on back of AGE should be mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important.

V. S. No. 1 B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH	1.17
1. PLACE OF DEATH	VI MAD MILLION 93-C	36
County Firederick	Registration Dist. No. 131	
Village or City Frederick	No. 133 N. Market St., 3	Ward
Length of residence in city or town where death occurred \$1_yrsO_mos.	death occurred in a hospital or institution, give its NAME instead of street and num	ber)
2. FULL NAME John Edward &	Scholl.	
(a) Residence: No. 133 N. Market	St., 3 Ward.	
(Usual place of abode)	If nonresident give city or town and Sta	le
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Stale  4. COLOR OR RACE  Stale  Stale  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widowed	21. DATE OF DEATH fan (Day) , 19	(Year)
5a. If married, widowed, or divorced HUSBANO of (01) WHEE of Olda Ac. Fileming	22. I HEREBY CERTIFY, Thet i ettended dace March 9th 1931, to Jan. 8th	eased from
	im Ton 8th 32	eath is said
6. DATE OF BIRTH (month, day, end year) Lec 20 /850  7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 2=30.4 mr.	gutti 13 gutu
81 0 19 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	Chronic Myocarditis	r'g''mb.
A Industry or business in which		
work was done, es SILK MILL. Own Business SAW MILL, BANK, etc. 11. Total time (years)		
this occupation (month end yaar) 1930   11. Total time (years) spant in this 60 occupation		4 A
12. BIRTHPLACE (city or town) Frederich	Other Contributory Causes of Importence: Arteriosclerosis	6 mo
(State or country) Maryland	Gangrene - right foot.	
13. NAME Charles O. Schell	,	
13. NAME Charles (*), Schell  14. BIRTHPLACE (city or town) Frederich	Neme of operation Date of	
(State of country) Stowerylama	What test confirmed diegnosis? Was there an auto	psy?
15. MAIDEN NAME Harriet Cambright  16. BIRTHPLACE (city or town) Frederich	23. If death wes due to external causes (VIOL ENCE) fill In also the following:	
5 16. BIRTHPLACE (city or town) Mocale vich  (State or country) Magnificant	Accident, suicide, or homicide? Date of injury	_, 19
17. INFORMANT Maiss Harriet Ta Schell	Where did injury occur?(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address) 133 N. Market St. Roederic	<i>k</i>	
18. BURIAL, CREMATION, OR REMOVAL Place Mot Olivet Coesse Jan 11 , 1931	Manner of injury	
19. UNDERTAKER Thomas Totice (Addrass) Rederich Med.	24. Was disease or injury in any way releted to occupation of daceesed?	
20 FILED TAN, 1932 Tr. IVAJ MIS Curdi	(Signed) Frederick, Maryland.	M. 0.
76 11 11 11 6 7	N. O. I. C. I. P. I. P. I. G. C. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   FEB 4 1932	1915	Attack of epilepsy	1 week ago
I henry a a and a rolling the ambundan	1921	Run over by street car	1 week ago
Corebral hemorrhage BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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Or Conley.



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. JARGIN RESERVED V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (4537
1. PLACE OF DEATH	23
county trederick.	Registration Dist. No. 137
Village or City State Sanalow	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME Mabel Schus	agars ,
(a) Residence: No. Montevue Hosyit (Usual place of abode)	alt. Francerick M. a.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("affect the word) OR DIVORCED ("affect the word)	21. DATE OF DEATH 8 1982
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	(Month) (Oay) (Yeer)  22.   I HEREBY CERTIFY, That I attended deceased from
0 20:00/	June 20 1930, to Jan 8, 1932
6. DATE OF BIRTH (month, day, and year) 28, 1906	I last saw h. A. alivo on 11:24-P., 193 4; death Is said
7. AGE Years Month Oays If LESS than 1 day, hrs.	to have occurred on the date stated above, at 1.1:4.2.4.m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
9 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this gecupation (month and	Outmonary wherculosis
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Park Mills · Md. (State or country)	Other Contributory Causes of importance:
13. NAME Scar J. Achuggars 14. BIRTHPLACE (city or town) J.	Name of operation Nove Date of
(State of Country)	What test confirmed diagnosis? X suy + 003. A Wes there an au'opsy? NO
15. MAIOEN NAME Blulah Blale  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
INT C. U dags	Where did injury occur?(Specify city or town, county and State)
(Address) State Samatorum: Ma	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL , Mad.	Manner of injury
YVM recarrie 10 reduck Octo Jan 10, 1952	Nature of Injury
19. UNDERTAKER M. L. Chegge	24. Wes disease or injury in any way related to occupation of deceased?
(Address) mind	If so, specify A Carry The Analysis
20. FILEO. 4.3. X, 19.	(Signed)/discount to to the state of the sta
Registrar.	(Ardress) Lale Sana Louin Ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1 3 1932		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis  BUREAU V.		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH (1538
1. PLACE OF DEATH		
County Frederick	2 ASSESSED TO SERVICE	Registration Dist. No.
Village or City Fredere	ek	No. St., W.  St., St., W.  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	eath occurredyrsmo	s. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Jam	es slevre	Muette
(a) Residence: No. 119 1	Winchestal	St., Ward.
(b) nosidence. Ita	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED twrite the word)	21. DATE OF DEATH (Month) (Oay) 193 2
a. If married, widowed, or divorced	and o	
HUSBANO of (or) WIFE of margaret	Horn. V	22. I HEREBY CERTIFY. That I attended deceased
	19145	trast saw have alve on from 19.32 death is
. DATE OF BtRTH (month, day, and year) . AGE Years Months	Days   If LESS than	Viast saw have adve on Jen 19.37, death is to have occurred on the date stated above, at 12.30 Pm.
. Ads	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular		were as follows: Oate oto
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tabour	Carcinomale (Frage)
9 Industry or business in which		(Rectum)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		Prince Indianatation and
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	6 years' duration
Maria	Aland I	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	paro	
13. NAME Mins	I don'the	
Wa.	· · · · ·	Nama of operation
(State or country)	my and	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TANK	our .	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME UNKN	bas our	Accident, suicide, or homicide? Oate of Injury 19
(State or country)		Where did Injury occur?
7. INFORMANT John J.	Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	1	Manner of injury
Place Manoway My	Date Jan 4, 193	Nature of injury
9. UNDERTAKER M. R. Elch (Address) L. Sterk	ison & Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO & Jan, 1932	Smound	(Signed) Ulysses & Docume
•	Registrar.	(Address) Treduce my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis FEB 4 1922	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 66539
1. PLACE OF DEATH	94-0
County Firedescels	Registration Dist. No. 131
Village of Oly sar Worbana	No. St., Ward
(If	death occurred in a horpital or institution, give ita NAME instead of street and number)  ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Aaron Lewis Stale	22
(a) Residence: No. 44 N. Market St	St., 2 Ward.
(Usual place of abode) Trocke	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ella Mo. Hooman	22. I HEREBY CERTIFY. That I attended deceased from
0	
6. DATE OF BIRTH (month, day, and year) Jen 17 1878	last saw h alive on 193/; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 8-45m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
54 0 0 ormin.	were as follows:
8. Trada, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. State Tood of SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occupation (month and spent in this seems of the same of the s	Conquera feelorie (-17-3)
9. Industry or business in which work was done, as SILK MILL. State Road etc.	4
SAW MILL, BANK, etc.	
yaar)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Streclevech Co	
(State or country) Masyland	7
# 13. NAME Leves Staley	
13. NAME Lewis Ostoles  14. BIRTHPLACE (city or town) Bedesille Go	Name of operation Date of
(State or country) Hoandand	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Firedsoich loo	Accident, suicide, or homicide? Data of injury, 19
State or country). Mountained	Where did injury occur?
M. Man D ON!	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) J. Drederick Sunction	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mot Oliver Com Jan 20 1932	Nature of injury
and and	
19. UNDERTAKER Thomas I, Torce	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Frederick Hed	If so, specify
20. FILED Jan 59, 1932 G. O Loudnello	(Signed) M. D.
Registrar.	(Address) Production Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

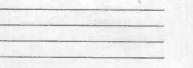
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis Chronic interstitial naphrhis Cerebral hemorrhage	1915	Attock of epilepsy	1 week ogo		
Chronic interstitial naphritis	1921	Run over by street car	1 week ago		
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	Moy 1,1923	Gastrocnteritis	1 year		

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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	ed. Exact	PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 145
ECORD	EXACTLY, I	Village or City Myrsvelle (No	St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
N N	stated E properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANG	be ck	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH // 28 / 32 , 192
A PERM	s o	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1937. to 28, 1937, that I last saw hay alive on January 28, 1937,
ED FC	upplied. ACE terms so that see instruction	yrs. 6 mos. 14 ds. or min.?	and that death occurred on the date stated above, at 3.394
ERVE VKT	ly supparing ter	(a) Trade, profession or particular kind of work	with Suffression of write
RES NG IN	refull in pla rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs, ds.
MARGIN WITH UNFADI	ation should be ca	9 SIRTHPLACE (State or country) Myersville, Maryland, 10 NAME OF FATHER Chester F. Summers  11 BIRTHPLACE OF FATHER (State or country) Maryland, 12 MAIDEN NAME C	Contributory Secondary  (Signed)  (Signed)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LAINLY	informa state occupA	of MOTHER Omna No. Dmeth  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmos,ds.  Where was disease contracted,
WRITE PI	Every item of CIANS should statement of O	(Informant) Chester J. Summers  (Address) Myersville, Md.	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  AMULTI AUTER OF BURIAL
T (T	BEve CIA sta	Filed Jan. 30, 1932, William S. Machtel Registrar	Bittle Bros. Myrrville, Md.
>	Z	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

## REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been change to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Automobile factory. The material person, irrespective of (6) Grocery;

spinal meningitis"); Diphtheria avoid use of "Croup" ed term for the same disease. Examples: Cerchrospinal EASE CAUSING DEATH (the primary affection with respec fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic valvular affection need etc. The contributory Nomenclature Always qualify all heart disease; not be

dutable essential and must be obtained before the certificate is the permanently filed If this certificate is looked over thoroughly and all answered in detail, it will prevent further correspondence. certificate is looked over thoroughly and all questions

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 66541
1. PLACE OF DEATH	23
County County	Registration Dist. No. / 9
Village or City State Sama loru	Mon VIIA, St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?vrsmosds.
2. FULL NAME Y dralding	Turley .
(a) Residence: No. (Usual place of abode)	St., - Ward Williams Fort Md.  ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Pear)
5a. If married, widowed, or divorced	
(or) WIFE of High willy	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Qav. 23, 1987	I last saw h. L. alive on Jam. 12, 1932, death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at LO: 45P.m.
24 // /9 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Housewife SAWYER, BOOKKEEPER, etc.	R
	Jumonary Muculous
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, otc	<i></i>
Spontin this / Ch	
year) occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	VADO 0
14. BIRTHPLACE (city or town)   W W W W W W W W W W W W W W W W W W	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Carrie Johnson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) My (1) 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT M. a. Sardner Ma	(Specify eity or town, county and Stale) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Thurmont Date Jan 16 32	Manner of injury
19. UNDERTAKER (Address) Atate Aan atalan Ma.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. 1/12 , 1937   Registrar.	(Signed) Allwart S. Maffer M. D.  (Address) State Sana Irum Ma
If more blanks are needed, address State Revistrar	MATT N. Charles Street Reliemore Requesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

	Example I		Example II			
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	U FER 2 1932	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	RUBEAU V S	July 5,1927	Peritonitis	3 days ago		
		1		9000		
Other contributory car	uses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County I rederick	GERTIFICATE OF DEATH
Rid. · Olam	Registration Dist. No. 147
Village or City Village smille (No. 2FULL NAME Mary P. 7	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married	16 DATE OF DEATH Jaw 28 , 1939 (Year) (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from  1937 to 28,1932
(Month) (Day) (Year)	that I last saw h & alive on 1932,
7 AGE   If LESS than   I day hrs.	Control of the contro
B OCCUPATION (a) Trade, profession or 7/	acute delitation of the heart
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryl Can A	Secondary Critics Scheross ds. (Duration) yrs. mos. ds.
10 NAME OF Jess Branden Going	(Signed) C. M. Yau Toole M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sallie Vurtour	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yra mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Calvin Watkins	Former or usual residence
(Address) mt airy md	Remptown Cem. Jan 31, 19 35
15 Filed Jan 29 13 2 mr A Colay Registrary	20 UN DEFTAKER January Manual Many Mr. Smyder Mt ain Mr.
If more bianks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

66542

(Approved by U.S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons whatever, write None. For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmanently filed. "(Enaustion," "Heart lande, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E::haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, teldius) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY approved by Committee on Nomenclature of the corpolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; affection need not be etc. The contributory Always qualify all

V. S. No. 1

should state

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH	66543

1	. PLACE O	F DEA	тн			97)			
	County		Frederick	-1	٧	Registration Dist. No. 131	)		
	Village or	City D	oub			_NoSt.,	Ward		
				death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number sds. How long in U.S. if of foreign birth?yrsmos			
2	2. FULL NA	ME	Charle	s Harry	Webster.				
CORRECT	(a) Reside	nce: No	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	(Usual pla	ce of abode)	St., . Ward.  If nonresident give city or town and State			
	PERSO	VAL AN	D STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH			
3.	male		or or race		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH Jan. 25,			
5a.	If married, wido			1	200	(Month) (Day) (Y	'ear)		
	(or) WIFE of	Fran	ces C. I	Mull		22. I HEREBY CERTIFY. That I attended decees			
6.	DATE OF BIRTH		I.	lay 7, 18	355	I last saw h_im elive on Janu 23 1932 deat	h is said		
7.		ars	Months	Days	If LESS than	to have occurred on the dele stated above, et 9 • 45Pem.			
	7	6	8	18	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	of court		
20	8. Trade, profe	ession, or p	articular			arterio selerasio	onsot		
110	200		as SPINNER, EPER, etc.	Farmer		Hypertensias 19			
JPA	J. Industry or work wa	is done, as	SILK MILL,			January 11			
OCCUPATION	Date decea	sed lest wo	etcrked at enth end	S	I time (years) pent in this				
12	, , , , , ,	ity or town)	Marylan			Other Contributory Causes of importances	41.932		
ER	13. NAME JO	hn T.	Webster						
FATHER	14. BIRTHPLAC		Ma.		1-11	Name of operation Date of			
-		D	achel Ste	evens		What test confirmed diagnosis? Was there en autopsy	?		
MOTHER	15. MAIDEN NA	E (city or to	Md.			23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?	9		
2	(State o	r country)	John Coll	nert.		Where did Injury occur? (Specify city or town, county and State)			
17			of Rocks			Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18	BURIAL, CREMA			ed pate Ja	n. 28, <sub>19</sub> 32	Manner of injury			
			Etchison						
19	. UNDERTAKER (Address)	Frede	rick, Md	•		24. Was disease or Injury in eny way related to occupation of deceased?			
20		26	193 - ]- (	egh.	Registrar.	(Signed) Annuel C. Hake (Address) Adamston Md.	M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	7. 1 - Tabada 7. 1 - Tabada 7. 1 - Tabada	Example II	
The principal cause of death-and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

66544

(Day

(Year)

Oate ol onset

That I attanded deceased from

Was there an autopsy?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEB 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU VS.	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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NG DNG	WITTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-	The should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
D FOR BINDI	IS IS A PERMAN	be stated EXA(	be properly classi	of certificate.
MARGIN RESERVED FOR BINDING	TH UNFADING INK-TH	y supplied. AGE should b	ain terms, so that it may !	TION is very important. See instructions on back of certificate.
+	WINTE PLAINLY, WIT	mation should be carefully	CAUSE OF DEATH in pl	TION is very important.

V. S. No.

County Irederels	Registration Dist. No./3/ -
Village or City M Sules Control Contro	NoSt.,War f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Manth)  (Pay)  (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fr
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I last saw h alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1b. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spant in this occupation	Still lum
(State or country)  12. BIRTHPLACE (city or town) Maryland	Other Coutributory Causes of importance:
14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Way heeden  16. BIRTHPLACE (city or town) Wayland  (State or country)  17. INFORMANT Laws. L. Souls Sund.	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
(Address) Nonterne work. Frederick Miles. BURIAL, CREMATION, OR REMOVAL Place Mt. Ville, Manage Jon 18, 193	Manner of injury Nature of injury
19. UNDERTAKER M. R. Colchios Tolor (Address) Frederick Mal	24. Was disease or injury in any way related to occupation of deceased?
20. FILED/6-form, 1932 Aprilineses	(Signed) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage RECEIVED	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones BITETATT	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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	VR.	tic	DI	0

STATE OF MARYLAND	CERTIFICATE OF DEATH 00040
1. PLACE OF DEATH	23
county Frederick.	Registration Dist. No.
Village or City State Sanatorum	
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harry E. Whe	ary 1
(a) Residence: No. 522 S. Oclimator	or Ward Rulla M.
(Usual piace of abode)	St., Ward. Dawn on State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white married	Jan 20, 198 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of CONTROL OF	22. I HEREBY CERTIFY, That I attended deceased from
avone w reary	March 17,1930, to Jan 20, 1932
6. DATE OF BIRTH (month, day, end year) WW 21, 1985	liast saw h. Malive on Jan 20, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:40 P.m.
43 1 2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8 Frade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and deceased last worked as the business in this programme in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this	P 1 mar.
9 Industry or business in which	Monary / MRAGINSUS 1929
work was done, es SILK MILL, SAW MILL, BANK, etc.	
year)	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Many and .	
(State or country)	
13. NAME ( parles - Wheavy	
13. NAME (Marles - Wheary  14. BIRTHPLACE (city or town) Maryland	Name of operation would pate of home
(State or country)	What test confirmed diegnosis Clust X ray Y Was there an au opsy?
15. MAIDEN NAME / Ca te / Winson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / ate subinon 16. BIRTHPLACE (city or town) May day and	Accident, suicide, or homicide? Date of injury, 19
O 16. BIRTHPLACE (city or town) Addy Care (State or country)	Where dld injury occur?
May you	(Specify city or town, county and State)
17. INFORMANT (Address) A tata A ana Tayuna Mu	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place altimore Mate influorion	Nature of injury
111.00	
19. UNDERTAKER MLL. Collapsion	24. Was disease or injury in any way related to occupation of deceased?
(Address) Thurmont Ma.	If so, specify
20, FILED 19 19 N	(Signed)/) M. D.
Registrar.	(Address) Itale A an a win ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	auses of impo	Example II	Examples:
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Catistones			1 gour
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

PHYSICIANS should state

stated EXACTLY.

AGE should

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKER (Address)

20. EHLED

mation should be carefully supplied.

B.-WRITE PLAINLY,

certificate.

of

See instructions on back

OCCUPA-

Jo

Exact statement

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1. PLACE OF DEATH  County Frederick  Village or City Valley Jacob	Registration Dist. No. /32  No. St., Ward feeth occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) Soft 2 (8 4 7)  7. AGE Years Months Days If LESS than I day,hrs. ormin.  8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	I last saw har alive on 19, to 19.3 2 death is said to have occurred on the date stated above, at 23.0 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  Differ Contributory Causes of importance:
14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  (Michigan Malinsky  (Address)  (Michigan McColletown  (Michig	Nama of operation
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Nature of injury.

If so, specify (Signed)

24. Was disease or injury in any way related to occupation of daceased?

8 19.3.1

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis B 3 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLAC

Coun

Villag

Lengtl

PER

2. FULI (a) R

3. SEX male

5a. If married HUSBAN (or) WII

6. DATE OF

8. Trade

3. Indus

15. MAIDEN NAME

19. UNDERTAKER

20, FILED 21-

(Address)

16. BIRTHPLACE (city or town) \_\_\_. (State or country)

(Address) Frederick. 18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Fred.

7. AGE

S	TATE C	F MAR	YLAND-	CERTIFICATE C	OF DEAT	TH (	6548
E OF DEAT		W.	ithin the Corp	osata munitar (159)			USED .
y Freder					Registration Di	st. No. 13	31
e or CityF	rederick		Clf	No. 10 6 Cost	Louth	St.,	Ward
of residence In ci	ty or town where	death occurred		ds. How long in U.S. if of			
NAME	Charles	Irving Wi	ekham. Jr.				
esidence: No	106 E.	South St		St., Ward.			
		(Usual place			If nonresident giv		
		ICAL PARTI		MEDICAL CE			
	r OR RACE		RIED, WIDOWED,  O (write the word)	21. DATE OF DEATH	January (Month)	(Day)	193 (Yaar)
, widowed, or divo ID of E of BIRTH (month, day		Jan. 4, 1	932	Jan 1 HEREBY  Mast saw h im alive on	1932 to 1	an. 2	0 ,1982
Years	Months	Days	If LESS than	to have occurred on the date stated	above, at 7.1	5P. M.	
0	0	16	l day, hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	I and related causes	of importance	Date of onset
e, profession, or pa ind of work dona, AWYER, BOOKKEE	20 CDINNED	At home		malnutre	tino		
try or business in ork was done, as S AW MILL, BANK, o	which			malnutu (Ori	nature)	7/12m	-th
deceased last wor his occupation (modear)	ked at	sper	me (years) nt in this pation				
ACE (city or town)	Maryl	and Som	a place	Other Contributory Causes of import	tance:		

OCCUPATION 70. Date 12. BIRTHPL (State Charles E. Wickham FATHER 13. NAME Md. 14. BIRTHPLACE (city or town). (State or country) Bessie Swope MOTHER

Wd .

Mr. C. E. Wickham.

Frederick, Md

23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_

Manner of injury

Jan. 22,

Etchison & Son.

Registrar.

Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?\_\_\_\_

Nature of injury\_\_\_\_ 24. Was disease or injury in any way related to occupation of deceased?\_\_\_\_\_

Name of operation

If so, specify

(Signed). (Address) Frederich

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 4 1932	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	181.0
County trederica,	Registration Dist. No. 131
Village or City France Mod	No. I.O. O. Fr. Home st., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
/1/:- m 2/	ds. How long in 0.5. If of foliage birth:
2. FULL NAME Ougster 115. Of	To lever Md
(a) Residence: No. (Usual place of abode)	St., Walle.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET ALL 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY hat I attended deceased from
8. 1251842	Most saw here alive on Turn 20 1932: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than	to have occurred on the date stated above, at 19 1 ; death is said
89 3 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	A P
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at	10 Mels - 1 reumonia
work was done, as SILK MILL,  SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
- Salara	Other Contributory Causes of importance:
12, BIRTHPLACE(city or town) (State or country)	Fret to of Heman Wead
	The state of the s
14. BIRTHPLACE (city or town) . News - Dustedle	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Cether Sohne der	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Cether; Showeder,  16. BIRTHPLACE (city or town). Shew Darmelall  (State or Applicy)	Accident, suicide, or homicide lee it 20 Date of injury 3, 19 3 2
E (State or punity) Services	Where did injury occur? Tell of the Thome
17. INFORMAN Ammat O. O. G. H. Africa, (Address) Frederick Mod,	(Specify fily or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Talk
Place Saltinare, Md Date Jan 21,1932	Nature of injury less dules
19, UNDERTAKER M. R. Olchier & Son	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 21 Jan, 1932, Dr. Dr. J. Dr. Curdy	(Signed) a dusting Thank J.M. D.
Registrar.	(Address) Tredency Md
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore Requesting 71. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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1	Example II	PAGE 1
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH should PHYSICIANS Every Length of residence in city or town where doath occurred statement RECORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word) PERMANENT properly classified. FOR BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 田 certificate. 6. DATE OF BIRTH (month, day, and year) 7, AGE Months **Oays** If LESS than or .... min. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION MARGIN RESERVED Jo 9. Industry or business in which should it may See instructions on back work was done, as SILK MILL SAW MILL, BANK, etc .... 10. Dato deceased last worked at 11. Total time (years) spent in this this occupation (month and so that occupation .... 12. BIRTHPLACE (city or town) (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER 14. BIRTHPLACE (city or town) (State or country) be carefully MOTHER important. 15. MAIDEN NAME 16. BIRTHPŁACE (city or town) (State or country) mation should is very 18. BURIAL NOIL 19. UNOERTAKER (Address) If so, specify Registrar. (Address)

1.1.550

(82-d)		-	0000
	Registration	Dist. No. 3	/
No. death occurred in a hospital or institu ds. How long in U.S. if o	ution, give its NAM	E instead of street a	Ward
HU-LESS FOR			
St., Ward.			
St., Walu.	If nonresident	t give city or town	and State
MEDICAL C	ERTIFICATE	E OF DEATH	-1
21. DATE OF DEATH	Jan	13	, 193. 🔼
	(nonth)	(Day)	(Year)
I last saw h. alive on to have occurred on the date state	ed above, at/_/	Jan. 193	3 , 19.3 7
The PRINCIPAL CAUSE OF DEA	TH and related caus	ses of importance	
10.0 20 10.013			Date of onset
D 0			
Buralya	ne		
Other Contributory Causes of imp	ortance:		
		4	
antero S	- 2		
0000			
Name of operation		Date of	
What test confirmed diagnosis?			
23. If death was due to external ca			
Accident, suicide, or homicide?	•••••	Date of injury	
Where did injury occur?	10 1		C
Specify whether injury occurred I	n INDUSTRY, In H	r town, county and OME, or In PUBLIC	PLACE.
Manner of injury			
Manner of injury	••••••		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as fellows EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR .	FURTHER	STATEMENTS	BY	PHYSICIAN

Registration Dist. No. 131 N. Market (If death occurred in a hospital or institution, give its NAME instead of street and number) 9 mos. 23 ds. How long in U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) That I attended deceased from CAUSE OF DEATH and related couses of importance Date of onset What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_ 23. If death was due to external causes (VIDL ENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_, 19\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 24. Was disease or injury in any way related to occupation of deceased? (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis FB 4 1932	1921	Run over by street car	1 week ago
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ADABAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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Br. Hedges

V. S. No. 1 N. B. of OCCUPA-

1. PLACE OF DEATH	
county Frederick	Registration Dist. No. 140
Village or City Ocel Hill	
Vinage of oity (I	NOSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vow Heguellor	Joung
(a) Residence No.	/ St., /Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Mary Ellers Mars 1.55	22. I HEREBY CERTIFY. That I ettended deceased from
March 1 (St. 5)	1932 to June 8, 1932 death is said
6. DATE OF BIRTH (month, day, and year) // / / / / / / / / / / / / / / / / /	to have occurred on the data stated above, at 2 160m.
7 / 1 / I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	wera as follows:
kind of work done, as SPINNER, January SAWYER, BOOKKEEPER, etc.	arterio - selenorio 1920
Mandustry or business in which	word of cumping
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation than 4 3 2 spent in this occupation.	
12. BIRTHPLACE (cry or town)	Other Centributary Causes of Importance:
(Stata or country) Muylend	lase of Heart
II 13. NAME Daire Marking	acute telalation / hourt land
13. NAME Dave garding  14. BIRTHPLACE (city or town)	Name of operation
(State or country) Makingland	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Murgant Deluplane	23. If death was dua to external causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mergent Deluflance  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) May land	Where did injury occur?
17. INFORMANT Mm. Heary Young	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rocky Proly Date /2/ 1932	Nature of injury
Programme 10 × all	nu.
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
11 22 410 20	(Signed) Calaud B. Deller M.D.
20. FILED	(Alterna) Delous mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1.1.557

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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EUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
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	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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